

**SIBLING INFLUENCES ON THE PSYCHOSOCIAL EFFECTS OF  
CHILDREN'S EXPOSURE TO DOMESTIC VIOLENCE**

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## **ABSTRACT**

Despite the large number of children and siblings who are exposed to domestic violence, relatively few studies have examined sibling influences on the psychosocial effects of exposure to domestic violence. The aim of this study was to explore the opinions of experienced child and family clinicians on whether, and how, the presence of siblings moderates children's experiences of domestic violence and any subsequent effects on their development and wellbeing. This study employed an Interpretive Phenomenological Analysis to analyse interviews with five clinicians. Analysis of the interviews revealed six superordinate themes; one sibling taking on a protective and parental role; polarisation of sibling relationships; factors influencing sibling relationships; the impact on the sibling taking on a parenting or protective role; impact on the sibling being protected; and the importance of individual family context. Overall, the findings from the interviews with the clinicians suggest that in families where children are exposed to domestic violence one child tends to take on a parental role and also attempts to protect their siblings from the violence. These results also emphasise the importance of formulation in understanding the influence of sibling relationships on the psychosocial effects of domestic violence, as there are many different factors which need to be considered. Some implications for clinical practice are discussed and potential future research directions are outlined.

## **CHAPTER ONE: Introduction**

The incidence and effects of domestic violence have become a topic of social and scientific interest in recent decades. Domestic violence occurs in all countries and all cultures and is not restricted to an economic class (Osofsky, 1995). The World Health Organization surveyed women in ten countries and found that 15–71% of women had experienced physical or sexual violence by an intimate partner, with most estimates ranging between 29% and 62% (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006).

Children have often been described as the ‘forgotten’ victims of domestic violence (Elbow, 1982; Pfouts, Schopler, & Henley, 1982). Research suggests that exposure to domestic violence can place children at high risk of developing a range of adverse developmental outcomes, such as compromised behavioural, emotional, social, cognitive and physical health outcomes (e.g. Kernic, Wolf, Holt, McKnight, Huebner, & Rivara, 2003; Onyskiw, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).

Exposure to domestic violence does not affect all children in the same way. Kitzmann, Gaylord, Holt, and Kenny’s (2003) meta-analytic study found across 118 studies that, on average, 37% of children exposed to domestic violence demonstrated outcomes the same as or better than those of non-exposed children. Given that not all children develop adverse outcomes, it is important to identify factors that contribute to children’s ability to cope, as well as factors that increase their risk of adverse outcomes. To date, a number of factors that moderate the effects of childhood exposure to domestic violence have been examined; for example, the child’s age, parental factors, and dual exposure to both domestic violence and child abuse (Kernic et al., 2003; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003; Wolfe et al., 2003). However, one potential factor that has had little attention in the literature is how

the presence of siblings might moderate the effects associated with exposure to domestic violence.

Sibling relationships provide an important context for development. It is estimated that 79% of individuals grow up in a household with at least one sibling (Kreider, & Ellis, 2011). Sibling relationships can provide a significant source of continuity throughout a child's lifetime and are likely to be the longest-lasting relationships most people experience. There is a growing body of literature documenting the potential for siblings to act as a buffer against the effects of negative life events (Gass, Jenkins, & Dunn, 2007; Sandler, 1980).

However, relatively little is known about the sibling relationships of children who are exposed to domestic violence and how these relationships might influence the adverse effects of domestic violence. Further research is needed. Understandings of how sibling relationships influence the effects of exposure to domestic violence might assist professionals who work with children exposed to domestic violence and provide direction for intervention. Therefore the aim of the present study was to explore how the presence of siblings moderates the psychosocial effects of children's exposure to domestic violence.

As the author of this study, my experience, through volunteer work with children who have experienced the effects of domestic violence has played an essential part in choosing domestic violence as my field of study. I became interested in the area of siblings exposed to domestic violence through my work facilitating a group programme for children exposed to domestic violence. Some of the groups included a number of siblings. My curiosity was aroused. I wondered what it would be like for children to share the experience of domestic violence with their siblings and whether sibling relationships might moderate the adverse effects associated with exposure to domestic violence.

## **Definition of Terms**

Several terms need to be defined prior to reviewing the literature in this area. One of the most acknowledged limitations in the literature on domestic violence is the lack of a clear definition of ‘domestic violence’ and of ‘childhood exposure to domestic violence’. The literature contains varying terminology and multiple definitions of ‘domestic violence’. The term ‘domestic violence’ is often used interchangeably with family violence, marital conflict, marital discord, wife abuse, women battering, parental conflict and intimate partner violence. Some of the terms, such as wife abuse, are gender specific and do not acknowledge abuse in gay and lesbian relationships, abuse perpetrated by women, or violence from both involved. ‘Intimate partner violence’ is often used in the literature because it is gender neutral, includes both current and former partners and includes couples who are not living together. However, this term was not used for the current study because it might overlook the impact on the child. The term ‘domestic violence’ was selected because the word ‘domestic’ refers to the home and family and encompasses the child.

Gelles and Straus (1979) define the term ‘violence’ as “an act carried out with the intention of causing physical pain or injury” (P. 20). This definition is widely accepted; however it fails to encompass psychological abuse, which is often a component of abuse. The term ‘domestic violence’ often has the broad meaning of a domestic relationship, usually meaning those in a current or previous intimate relationship, and encompasses physical, sexual, and psychological abuse.

Various terms have also been used to describe children who have been exposed to domestic violence. Earlier literature labelled children from violent homes as ‘observers’ or ‘witnesses’ of domestic violence. However, Holden (1998) argues that these children are more accurately described as ‘being exposed’. The word ‘exposed’ is inclusive, incorporating



not only children who have seen a violent incident, but also children who may have overheard a violent event, or seen or experienced the aftermath of violence.

## **CHAPTER TWO: Literature Review**

The following section reviews the psychosocial outcomes that have been associated with children's exposure to domestic violence and a number of factors that have been suggested to moderate the outcomes. In addition, the literature on sibling relationships is examined with regard to siblings who experience negative life events and siblings exposed to domestic violence.

The following electronic databases Psych Info, PubMed, and Google Scholar were used by the researcher to carry out a series of searches to locate the most comprehensive collection of relevant literature. The Psych Info search engine was selected for use because it allowed the researcher to group key words. This was particularly valuable when searching for the various terms used for domestic violence. Google Scholar was also used to ensure all relevant literature was found, because Google Scholar enabled the researcher to search for material in multiple databases.

Searches were completed using multiple combinations of keywords, including but not limited to: domestic violence, inter-parental violence, intimate partner violence, marital violence, marital conflict, marital discord, spousal abuse and family violence. Searches were further refined using terms such as children, adolescents, witnessing, exposure, effects and outcomes. These were then refined further using the terms sibling, brother, and sister. Truncation operators were used to access all forms of each keyword.

Searches yielded a large number of results. Studies were selected for inclusion based on relevance to the current study. While the focus of the current study was on sibling relationships of children exposed to domestic violence, owing to the small body of research available it was necessary to access material in relation to sibling relationships of children who experience other negative life events. To further ensure a complete and comprehensive

literature search, the references for each pertinent article were checked for any other relevant references.

## **Children Exposed to Domestic Violence**

**Effects of exposure to domestic violence in childhood.** In the past few decades researchers have made much progress in understanding the effects that domestic violence exposure has on children's development. A growing body of research suggests that exposure to domestic violence can have a detrimental impact on a child's development (e.g. Kernic et al., 2003; Levendosky, Bogat, Huth-Bocks, Rosenblum, & von Eye, 2011; Onyskiw, 2003; Wolfe et al., 2003; Yates, Dodds, Sroufe, & Egeland, 2003). This section examines the literature on the effects of childhood exposure to domestic violence, including behavioural, emotional, social and cognitive outcomes.

There is a focus in the literature on the emotional and behavioural outcomes for children exposed to domestic violence. Findings show that children exposed to domestic violence have greater levels of emotional and behavioural problems (Jaffee, Moffitt, Caspi, Taylor, & Arseneault, 2002; Moylan, Herrenkohl, Sousa, Tajima, Herrenkohl, & Russo, 2010; Sternberg et al., 1993). A meta-analysis by Wolfe et al. (2003) of 41 studies with different methodologies and comprising various samples showed children who had been exposed to domestic violence exhibited more emotional and behavioural problems than did children who had not been exposed to domestic violence.

Another study analysed 1,117 same-sex monozygotic and dizygotic twins to explore the effects of domestic violence independent of genetic factors. (Jaffee et al., 2002) Their findings showed that children living in homes with domestic violence had significantly more emotional and behavioural problems than those that did not live in homes where there was domestic violence. Further results showed that domestic violence accounted for 5% of the

variance in children's externalising problems and 2% of children's internalising problems, independent of genetic factors (Jaffee et al., 2002).

Although the association between domestic violence and children's cognitive outcomes has had less attention than emotional and behavioural outcomes in the literature, studies have shown negative associations between the two (Huth-Bocks, Levendosky & Semel, 2001; Koenen, Moffitt, Caspi, Taylor, & Purcell, 2003). The findings from another twins' study suggest that domestic violence is associated with suppression of children's Intelligence Quotient (IQ) independent of genetic factors (Koenen et al., 2003). Huth-Bocks, Levendosky and Semel (2001) obtained similar results. They found that after controlling for socioeconomic status and child abuse, children who had been exposed to domestic violence in the past year had poorer verbal abilities than children who had not been exposed to domestic violence.

Similar to cognitive ability, social competence in relation to exposure to domestic violence has had relatively little attention; however, it has been reported in a number of studies that children exposed to domestic violence may have lower social competence than other children (Dawud-Noursi, Lamb, & Sternberg, 1999; Wolfe, Zak, Wilson, & Jaffe, 1986). McCloskey and Stuewig (2001) examined the social competence of 63 school-aged children from violent and non-violent families. They found that children exposed to domestic violence reported having more conflict with a close friend and feeling lonelier than children from non-violent families.

Children who are exposed to domestic violence may also experience symptoms of trauma, such as recurrent and intrusive re-experiencing of the traumatic events in dreams or flashbacks; increased arousal, such as irritability, difficulty falling asleep and an exaggerated startle response; and emotional withdrawal (Kilpatrick & Williams, 1998; Levendosky, Huth-Bocks, Semel, & Shapiro, 2002; Margolin & Vickerman, 2011). Support for these findings

comes from studies that have found children who have been exposed to domestic violence score higher on scales that measure post-traumatic stress disorder (PTSD) than children who have not been exposed to domestic violence (Rossman, 1998) and often these children meet diagnostic criteria for PTSD (Kilpatrick & Williams, 1998).

***Limitations of previous studies.*** Although there is a relatively large body of research on children exposed to domestic violence, the studies as a whole have a number of limitations. The first is the lack of a clear, consistent definition of exposure to domestic violence. Individuals' judgment about what they consider to be domestic violence is heavily influenced by culture and family socialisation.

The homogeneity of sample populations presents another difficulty. Many samples were drawn from families at women's refuge shelters, which presents an inherent bias because many families who experience domestic violence might not seek assistance from refuge shelters. Such a sample might also be problematic because children might have recently experienced upheaval by moving from familiar surroundings, and might be in the shelters because of a recent incident of domestic violence. Therefore children in this sample might be experiencing a different type of stress from children not in women's shelters.

Moreover, although many studies use standardised measures, they frequently rely on a single informant. Sternberg et al. (1993) assessed the effects of various types of domestic violence on children's behaviour problems and depression. Mothers, fathers, and children aged 8–12 years completed the Children's Depression Inventory, Child Behaviour Checklist, and Youth Self-Report of the Child Behaviour Checklist. When inter-rater reliability was calculated, poor to moderate correlation between informants was found. This demonstrates there is poor agreement among mothers, fathers and children and highlights the different perspectives of the informants. It also highlights the importance of having multiple informants in this area of research.

Many studies do not measure or report other family and environmental factors that could influence outcomes for children. The type, severity and duration of the violence or how children are exposed to the violence often remain unaddressed. Domestic violence occurs on a continuum, with different forms of violence: physical, emotional, and sexual. These factors may confound statistical relationships between exposure to domestic violence and children's psychosocial problems. Another factor that is often unreported is a change in family status. As a result of the domestic violence the family might have undergone some changes. For example, one parent might have moved out of the house, one parent might be incarcerated due to the violence, or the children might have had to leave the house because of the violence. These factors alone can have a detrimental effect on children's development.

### **Resilience in Children Exposed to Domestic Violence**

Studies on children exposed to domestic violence have tended to focus on children's psychopathology, rather than how children cope. Although many studies found a relationship between exposure to domestic violence and detrimental outcomes, a proportion of the children who are exposed to domestic violence do not develop such outcomes. Kitzmann, Gaylord, Holt, and Kenny (2003) found 37% of children exposed to domestic violence demonstrated outcomes that are equal to or better than those for children not exposed to domestic violence. This suggests there might be factors that mitigate the effects of exposure to domestic violence and may act as protective factors.

**Factors influencing outcomes for children exposed to domestic violence.** To date, several factors that moderate the degree to which a child is affected by exposure to domestic violence have been identified. These include the child's personal characteristics, gender and age, and factors in the child's environment, such as the severity and duration of the violence, dual exposure to domestic violence and child abuse, and parental influences. Such factors

may be measured separately; however, the child's personal characteristics interact with the child's environment over time, creating a unique outcome for each child.

***Children's age and gender.*** A child's gender might moderate the relationship between exposure to domestic violence and emotional and behavioural outcomes. However, opinion is mixed with respect to the importance of gender differences on the effects of exposure to domestic violence. In general the research suggests boys are more at risk of developing adverse externalising behaviours while girls tend to be more at risk of developing internalising behaviours (Jaffee et al., 2002; Moylan et al., 2010).

The child's age might influence the relationship in several ways. The first is the age of the child when he or she is first exposed to the domestic violence, and the second is the age at which the outcomes are measured. A study by Graham-Bermann, and Perkins (2010), analysed the effect of age at first exposure to violence. They found that, in general, the age of first exposure was negatively correlated with children's adjustment problems.

At different ages, children face different developmental challenges, which can be disrupted by exposure to domestic violence. Age was examined in a mega-analysis by Sternberg, Bardaran, Abbott, Lamb & Guterman (2006). To explore the association between internalising and externalising problems and the age of the child, the researchers divided the sample into three age groups: 4-6, 7-9 and 10-14 year olds. They found compared to the 4-6 year olds, 7-9 year olds and 10-14 year olds' externalising problems were, .67 and .69 times smaller, respectively than the two older groups. In contrast, the two older groups, the 7-9 year olds and the 10-14 year olds, were 1.16 and 1.38 times higher, respectively, for internalising disorders.

Wolfe et al. (2003) examined outcomes by developmental stage to better understand the link between internalising and externalising behaviours and the age of the child. Three different developmental stages were included, preschool, school age and adolescence. When

27 studies with samples within the particular developmental age range were compared, all three groups showed similar effect sizes in terms of internalising and externalising outcomes. These results demonstrate the varied findings in this area.

***Severity, duration and dual exposure.*** The severity and duration of the violence, and the co-occurring forms of violence to which children are exposed might have an influence on the effects of domestic violence exposure. Kernic et al. (2003) looked at the influence of the severity and duration of violence. After controlling for age, sex and household income, they found that only the duration of the violence added to the effect of exposure to domestic violence. Children with long-term exposure to domestic violence were significantly more likely than those with shorter-term exposure to exhibit borderline to clinical levels of total behavioural problems. Other studies have also pointed to a positive linear trend in the severity of violence and the risk of psychopathologies (Fernández, Ezpeleta, Granero, de la Osa, & Domènech, 2011).

An additional variable associated with domestic violence occurs if a child is also a victim of direct abuse, as referred to earlier in this chapter. It is adequately documented that exposure to domestic violence frequently co-occurs with child abuse (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Dong et al. 2004) often referred to as the ‘double whammy effect’, a term coined by Hughes, Parkinson, & Vargo (1989). Numerous studies have demonstrated that children exposed to both domestic violence and child abuse experience more internalising and externalising problems than children who are exposed to domestic violence alone (Kernic et al., 2003; Moylan et al., 2010). One such study by Hughes et al. (1989) compared children who had been both abused and exposed to domestic violence with children who had been exposed to domestic violence only and with children who had been neither abused nor exposed to domestic violence. They found that children who had experienced both abuse and exposure to domestic violence manifested significantly more



distress on the behavioural problems' measure than comparison children. Children who had been exposed only to domestic violence showed moderate behavioural problems and children exposed to neither showed the fewest problems.

***Maternal factors.*** Parental factors have also been identified as potentially influencing how children are affected by exposure to domestic violence. Much of the research has focused on the influence of maternal factors, with maternal psychological functioning and parenting behaviour being examined in relation to exposure to domestic violence and children's adjustment. Studies suggest that mothers who experience domestic violence have an increased risk of psychological difficulties compared to women who do not experience domestic violence (Huth-Bocks, Levendosk, & Semel, 2001; Ybarra, Wilkens, & Lieberman, 2007). Studies show an association between maternal mental health, in particular maternal depression, and children's internalising and externalising problems (Goodman, Rouse, Connell, Broth, Hall & Heyward, 2011; Luoma, Kaukonen, Laippala, Puura, Salmelin & Almqvist, 2001). Research has shown that this association appears to be somewhat mediated by the influence of maternal depression on parenting (Foster, Garber, & Durlak, 2008; Lovejoy, Graczyk, O'Hare, & Neuman, 2000).

Wolfe, Jaffe, Wilson, and Zak (1985) evaluated the behaviour problems of a sample of 198 children from violent and nonviolent families. Multiple regression analysis suggests that factors relating to maternal stress (maternal mental health and stressful life events) accounted for 19% of the variance in child behaviour problems. Levendosky, Leahy, Bogat, Davidson and von Eye (2006) also examined whether maternal functioning (post-traumatic stress disorder, depression, anxiety, and low self-esteem) mediated the relationship between exposure to domestic violence and infant externalising behaviour. Results suggest that domestic violence has a negative effect on observed maternal parenting and on child externalising behaviours. Levendosky et al. (2006) also observed the direct and indirect

influence of maternal parenting, maternal mental health and social support on preschoolers' externalising problems.

While some researchers have focused on this relationship as a moderating factor, the mother-child relationship might not be the only relationship within the family subsystem to moderate the effects of domestic violence. Given that most children grow up in a household with at least one sibling (Kreider, & Ellis, 2011) and given the substantial amount of time children can spend with their siblings, it would seem that sibling relationships might be a factor often overlooked with respect to moderating the effects of exposure to domestic violence.

### **Sibling Relationships**

Sibling relationships provide an important context for children's development. The bond between siblings is often second in strength only to the parent-child bond (Dunn, 1988; Irish, 1964). A growing body of literature documents the developmental significance of sibling relationships. Sibling relationships are linked with a number of developmental outcomes. For example, sibling warmth and support is linked to academic engagement and educational attainment (Melby, Conger, Fang, Wickrama, & Conger, 2008) and to peer acceptance and social competence (Bank, Burraston, & Snyder, 2004).

Sibling relationships have often been portrayed as one of rivalry and aggression. However, brothers and sisters can be a source of companionship, help and emotional support (Sutton-Smith & Rosenberg, 1970). Buhrmester (1992) suggests that sibling relationships often embody a number of roles: friend, competitor, caregiver/caregiver, teacher/learner, with siblings moving in and out of the roles depending on context.

It has also been suggested that older children may act as a 'parental-like attachment figure' for younger siblings. Stewart (1983) found that when children were placed in the

‘Strange Situation’ with a sibling, more than half of all older siblings (3–5 years) actively cared for their younger siblings when the younger ones showed distress upon mother’s exit. Common responses were hugging the younger child, reassuring the child that the mother would return, and carrying the infant back to the centre of the room to distract him or her with toys. The older siblings’ attempts to comfort were accepted by their younger siblings and effective in reducing their distress. Children may also use an older sibling as a secure base. Samuels (1980) observed 23 month olds playing outside. The children left their mother more quickly, explored further from their mother and stayed away longer when their elder sibling was present. A study by Heinicke and Westheimer (1966) showed that children admitted to a residential nursery with a sibling were less distressed than children coming in alone.

Relationships between siblings are often defined by a number of features, including gender composition, age spacing, biological connection and the dyad’s place in the overall family system. Earlier research on siblings focused on these structural parameters, which were shown to play a smaller role in children’s emotional and social development than initially thought (Buhrmester 1992, Dunn 1988, Minnett, Vandell, & Santrock, 1983). The studies found that sister-sister pairs tended to be more intimate (Cole & Kerns, 2001; Van Volkom, Machiz, & Reich, 2011) and birth order and age gaps between siblings can produce a dynamic where the older siblings are a source of advice or take on a caregiver role for their younger siblings, rather than the other way around (Tucker, McHale, & Crouter, 2001).

More recently there has been growing interest in the family’s impact on sibling relationships, which has encouraged researchers to shift their focus from structural parameters to the dynamics of family processes. This shift can in part be attributed to the emergence of family systems theory. According to family systems theory, characteristics and

behaviour of individual family members or dynamics within family subsystems can contribute to the quality of siblings' interactions (Brody, 1998).

The family system is also embedded in wider ecological systems. Society, subcultures and context play an integral role in shaping sibling interactions and their influence on child development (McGuire & Shanahan, 2010). The ecological perspective helps to highlight the role of context in children's development (Bronfenbrenner & Morris, 1998). The ecological perspective describes different aspects or levels of the environment that influence the child's development.

**Siblings and negative life events.** A few researchers have investigated how the presence of siblings can be a buffer against the effects of negative life events. Sandler (1980) found that young children who had experienced a negative life event and who had an older sibling showed fewer adjustment problems associated with experiencing recent negative life events than children without an older sibling. Having an older sibling did not make a difference for children who did not experience negative life events. These results might suggest that the presence of an older sibling buffers against negative life events.

However, it might not be just the presence of a sibling that protects against the effects of negative life events; other factors, such as the quality of the sibling relationship, might have an influence. Gass, Jenkins and Dunn (2007) conducted a longitudinal study and used hierarchical regression analysis to explore the relationship between stressful life events and the quality of sibling relationships when looking at a change in internalising and externalising behaviours over time. For children who had experienced low stressful life events, the quantity of sibling affection directed towards younger children did not predict a change in internalising scores over time, whereas for children who experienced high stressful life events, having an older sibling who was very affectionate (compared to having a less

affectionate older sibling), resulted in less change in internalising scores over time. This suggests the quality of the sibling relationship is also important.

***Sibling relationships following parental divorce.*** Parental divorce or separation is a negative life event that affects many children. Researchers have argued that stress from divorce can affect sibling relationships in one of two ways: siblings may become closer as they seek support and comfort from one another during the divorce (Bank & Kahn, 1997) or the potential stress may manifest as aggression between siblings (Dunn, Deater-Deckard, Pickering, & Golding, 1999).

It is not clear from the literature which factors can lead to sibling relationships becoming closer and which to siblings becoming more aggressive, although it has been suggested that the effects of a stressful shared event on sibling relationships are associated with the quality of the relationship before the event. Thus, if siblings had a close relationship before the event, the closeness often increased after the shared event, whereas for siblings who had a hostile and conflictual relationship before the event, the stress exacerbated the conflict within the relationship (Dunn, Deater-Deckard, Pickering, & Golding, 1999). This suggests that going through a parental divorce might not alter the nature of the sibling relationship but intensify the existing relationship.

These studies examine sibling relationships during and after parental separation and divorce but they do not address the question of whether such relationships influence outcomes for children. Kempton, Armistead, Wierson, and Forehand (1991) hypothesised that the presence of siblings might act as a buffer following parental divorce and separation. They measured internalising and externalising behaviours of 79 adolescents from intact families and adolescents from divorced families. Adolescents from divorced families who had no sibling were reported by their teachers to 'act out' more following the parental divorce than did adolescents with a sibling.

***Siblings in care.*** Placement in foster care affects fewer children than divorce does, but it carries the potential for long-term effects. The relationship between siblings in foster care has recently received an increasing amount of attention, with studies generally suggesting more positive outcomes for siblings placed together as opposed to those separated. Smith (1998) found that children placed with their older siblings were more likely to have fewer emotional and behavioural problems than children separated from their siblings. Additionally, research has found that siblings placed together tend to have more stable placements with fewer overall placement disruptions than siblings placed separately (Hegar, 2005; Leathers, 2005; Staff & Fein, 1992). More recently, a study by Tarren-Sweeney and Hazell (2005) found that girls placed in care with at least one sibling tended to have better mental health and socialisation than girls separated from their siblings.

It is important to remember that these associations might not be causal. An important consideration is that the social and emotional functioning of siblings placed together might differ from those siblings who are placed separately. Children might be separated from their siblings because of difficulties within placements and these children might be more likely to have higher levels of emotional and behaviour problems. However, Leathers (2005) found that children's behaviour problems did not account for the increased risk of placement disruption among youth separated from all their siblings whilst in care.

Whiting and Lee (2003) explored stories of children's experience of foster care. Children's sadness and disillusionment about being separated from their siblings was a theme that emerged from the interviews. One of the children interviewed mentioned this fact four times, saying, "I don't get to see my brothers and we're all split up...yea, I... wish I knew where they were." (P. 292).

However, not all sibling relationships are supportive. In some cases the trauma siblings can cause each other outweighs the support they can provide each other. In some

situations siblings develop unhealthy, rivalrous or abusive relationships with each other (Bank, 1992; Ward, 1984).

Another relevant area in the literature on siblings and foster care is a sibling taking on a parental role. Some children who are separated from their siblings grieve the loss of the parental role they had taken on with their siblings before separation (Ward, 1984). A child's self-identity may be determined to a certain degree by what the child sees their role in the world to be (Kaplan, Hennon, & Ade-Ridder, 1993). However, maintaining a child's parental role can be detrimental if it hinders the child's ability to adapt to a new foster family (Aldridge & Cautley, 1976; Smith, 1998).

Overall, the research available indicates that sibling relationships may be able to act as a buffer against the effects of negative life events (Sandler, 1980). Gass et al. (2007) suggests that it is not the mere presence of the siblings that acts as a buffer, the quality of the sibling relationships may influence children's developmental outcomes. However, more research is needed in this domain, in particular to explore the direction of these associations.

**Siblings living in homes with high marital conflict and domestic violence.** To date, few studies have specifically examined the complex interactions and dynamics between siblings exposed to domestic violence, although several earlier studies looked into sibling relationships in homes where there is much marital conflict. The following section explores the literature on siblings exposed to marital conflict and domestic violence and highlights the limitations of the research in this area.

Positive sibling relationships may protect children from the negative effects typically associated with growing up in homes where there is high marital conflict. Building on previous work (Jenkins & Smith, 1990; Jenkins, Smith, & Graham, 1989), Jenkins (1992) explored the factors that could be protective and those that could increase risk for children in disharmonious homes. Jenkins found that siblings with a close relationship from homes

where there was high marital conflict showed a similar level of emotional and behavioural problems to children from harmonious homes, whereas siblings without a close sibling relationship showed a high level of emotional and behavioural problems.

A retrospective study by Caya and Liem (1998) also found that sibling support appeared to act as a buffer against some of the negative outcomes associated with growing up in a home where there was marital conflict. They examined the effect of sibling support on self-esteem and social competence in children from high-conflict families and found a significant interaction effect. Children in high-conflict homes who reported high sibling support showed more positive self-esteem and higher social competencies than children with little sibling support. However, sibling support was not linked with better adjustment in children who came from homes with a low level of conflict.

The cross-sectional designs of these studies make it difficult to draw any conclusions about the direction of causality between sibling relationships and children's adjustment. One explanation offered by Jenkins (1992) is that children who display high levels of emotional and behavioural problems might not have the resources to create and maintain close relationships with siblings. Another possible explanation is that children who can form close sibling relationships have other unmeasured protective factors present.

Children may also use their siblings for comfort during parental quarrels. Participants from Caya and Liem's (1998) study reported that their siblings gave them a sense that they were not alone during times of family stress. Nearly half the participants in this study reported feeling cared for by their siblings who talked about the family situation with them, took them to safe places, separated their parents during arguments, or provided them with nonverbal support through eye contact or by maintaining proximity during the conflict. In Jenkins' (1992) study more than half the children who had experienced parental quarrels reported seeking contact with their sibling(s) at times when their parents were quarrelling,



and just under half discussed the quarrel with their sibling. It is interesting to note that Jenkins (1992) found no association between sibling behaviour during parental quarrels and children's emotional and behavioural problems. This suggests that sibling support during quarrels is not necessarily linked with better outcomes.

Whilst siblings can serve as a protective factor against the effects of living in a high-conflict home, siblings can also be a source of conflict. Stocker and Youngblade (1999) found marital conflict was linked with higher levels of conflict and rivalry and less warm sibling relationships. Jenkins (1992) investigated whether the frequency of close sibling relationships and of poor sibling relationships was the same for children in harmonious and disharmonious homes. Jenkins found that children in both sorts of homes had similar levels of positive relationships. However, children from disharmonious homes were reported to have more negative and hostile relationships with at least one of their siblings than did children from harmonious homes. This might be due to difficulties forming positive relationships with their siblings, or to elevated emotional and behaviour problems.

However, other studies found mothers from shelter groups reported less physical violence between siblings than did groups of comparison mothers in the community. They also found that siblings from shelter groups demonstrated higher frequencies of observed social support than did a sample of siblings in the community (Waddell, 1998; Waddell, Pepler, & Moore, 2001). These findings suggest that siblings from violent homes experience both mutual support and conflict. This is consistent with Lee's (1998) findings that in a sample of siblings exposed to domestic violence, sibling warmth was independent of sibling conflict.

It has also been suggested that parental conflict may be connected with lower levels of parental involvement (Furman & Giberson 1995; Stocker & McHale 1992; Stocker & Youngblade 1999). It is therefore possible that children turn to their siblings as a source of

support if a parent is not physically or emotionally available. Zelkowitz (1987) reported a negative relationship between a mother's nurturance and sibling nurturance. Weiss (1986) suggests children experiencing high levels of stress and who have a disrupted parent-child attachment bond may form an attachment bond with a sibling or peer as a substitute.

The literature on siblings exposed to marital conflict and domestic violence suggests it is not the mere presence of a sibling that provides a protective effect but the ways in which children interact with their siblings that are associated with children's adjustment. This leads to the question, what is it about sibling relationships that is protective or not?

Lucas (2002) explored this question through in-depth semi-structured interviews with nine children who had been exposed to domestic violence. The goal of the interview was to gain a deep understanding about how siblings related to each other within the context of exposure to domestic violence, and if and how siblings provided support to each other while experiencing this trauma. The results from the study suggest that siblings exposed to domestic violence often provide comfort and companionship for one another in a variety of ways, including protecting each other from psychological and physical harm and providing support to one another.

All the children in Lucas' (2002) study described ways they or their sibling(s) tried to protect each other from physical and psychological harm from the violence. Protection from psychological harm ranged from not letting the siblings see the violence to staying with their siblings to lessen their fear. One 13-year-old girl reported, "I just stayed with him, because I didn't want him to get scared. I didn't want him to see what was going on and to see what my dad was like." (P. 126). The children also described ways they or their sibling would attempt to protect the other(s) from physical harm or injury. For all the children it was the oldest sibling who did the protecting. The responses ranged from physically preventing the sibling

getting involved in the conflict, to trying to prevent the perpetrator from becoming angry with one of the children for fear the sibling might get hurt.

Similarly, all the children described ways in which they gave and received support to/from their sibling(s) while the violence was occurring in their homes. Support was divided into three categories: emotional, verbal, and tactile. Siblings provided emotional support to each other through sharing their sadness and fear. For example, one 12-year-old reported, “We would like cry together and we say, ‘Why is this happening to us?’ We kept crying all of us.” (P. 130). The children also discussed ways they provided/received verbal support to/from their sibling(s). The following is from a nine-year-old boy: “My sister would say, it’s OK, she’s OK, she’ll be alright.” (P. 131). In addition to providing verbal reassurance and emotional support, siblings provided and received tactile support to and from their sibling(s) by comforting each other, sleeping together and staying in close proximity during violent episodes. One seven-year-old girl reported, “Sometimes when I was scared, I go upstairs with her (younger sibling) and sleep with her and stuff. Cuddle up and hug and stuff.” (P. 131).

Eight out of nine children discussed evidence of caregiving between siblings within their home outside of the violence. The caregiving seemed to be reciprocal between siblings and age and gender of the child did not appear to influence who gave and who received the caregiving. However, the oldest child in the family often assumed the ‘parental role’ of becoming a caregiver for the younger siblings and the leader of the children during the violence. These results suggest sibling relationships help some children to cope during exposure to domestic violence and act as a source of caregiving outside of the violence.

Lucas’ (2002) aimed to gain a deep understanding about how siblings related to each other within the family context of exposure to domestic violence, and if and how siblings provided support to each other while experiencing the violence. However, this study does not discuss how sibling support might influence children’s psychosocial outcomes.

Although research about the influence of siblings on children exposed to domestic violence is lacking, it appears from the literature that children with close sibling relationships living in homes with high marital conflict have similar emotional and behavioural problems and the same high social competence and self-esteem as those siblings from harmonious homes (Jenkins, 1992; Caya & Liem, 1998). In addition, siblings may come together during their exposure to domestic violence, engage in reciprocal caregiving and offer support to one another in a number of ways (Lucas, 2002; Jenkins, 1992; Caya & Liem, 1998). It is evident that further research is necessary to gain a better understanding of if and how sibling relationships influence the negative effects of exposure to domestic violence in childhood.

Throughout the current study the researcher conducted regular literature searches to keep up to date with current research in this area. Near the end of the study Piotrowski, Tailor, and Cormier (2013) published a study looking at siblings exposed to domestic violence. Their study was published after completion of the current study and therefore did not play a part in developing the rationale.

The three main goals of Piotrowski et al.'s (2013) study were to explore similarities and differences in sibling adjustment in children exposed to domestic violence; to describe and compare the quality of the sibling relationships from multiple perspectives; and to investigate how sibling adjustment and the quality of sibling relationships influence children's adjustment. The final goal is similar to the aim of the current study.

Piotrowski et al. (2013) recruited 47 sibling pairs from the community, whose families had a history of domestic violence. Mothers self-reported on their violent experiences using the Conflict Tactic Scales (Straus, 1979) and estimated the length of time their children were exposed to domestic violence. Children's externalising problems were assessed with the Child Behaviour Checklist (Achenbach, 1991) and the internalising

symptoms were measured by the Child Depression Inventory (Kovacs, 1992) and the Beck Depression Inventory (Beck & Steer, 1987).

The researchers found, after controlling for difference in age and length of exposure to domestic violence, that sibling symptomology, along with child age, explained more than half the variance in depressive symptoms for both younger and older siblings in the study, and interacted differently with sibling warmth and hostility for younger and older siblings. Sibling warmth was negatively associated with externalising problems for younger siblings and with depressive symptoms for older siblings. Overall, sibling warmth did not appear to play a strong protective role in sibling adjustment, but the absence of warmth did contribute to depressive symptoms in both younger and older siblings.

***Limitations of the literature on siblings living in homes with high marital conflict and domestic violence.*** This field of research has a number of limitations, which restricts the interpretation of these studies. First is the lack of a clear definition for the terms ‘marital conflict’ and ‘disharmonious homes’. Marital conflict occurs on a continuum that can range from children who are exposed to parents who raise their voices at each other to children who witness severe physical abuse between their parents. The different degrees of marital conflict can have an influence on sibling relationships and on the effects of living with the conflict.

The cross-sectional and retrospective design of the studies makes it difficult to comment on the direction of the association between sibling relationships and psychosocial outcomes. It is unclear whether a close sibling relationship helps mitigate some of the negative effects of exposure to domestic violence or whether children with fewer emotional and behavioural problems are better equipped to form and maintain close sibling relationships.

Another possibility is that there are other external factors which may moderate or mediate this relationship. One possible factor is the parent-child relationship. It has been

suggested that the effects of marital conflict on sibling relationships may be mediated by their impact on parent-child relationships. The literature suggests that the effects of marital conflict on sibling relationships may be mediated by the extent to which they lead to hostile parenting. Marital conflict appears to have no significant effect on the quality of sibling relationships if parenting does not become hostile (Brody, Stoneman, & McCoy, 1994; MacKinnon, 1989).

Another limitation of the research is its focus on the relationships between sibling dyads. These studies often overlooked the multifaceted dynamic relationships between different siblings within one family. It may be that some sibling relationships within a family are warm and protective while others are hostile and abusive.

### **Rationale for Current Study**

It is clear from the body of literature that children are affected by exposure to domestic violence. Such exposure can place children at greater risk of developing a range of adverse developmental outcomes, such as compromised behavioural, emotional, social, cognitive and physical health outcomes (e.g. Kernic et al., 2003; Onyskiw, 2003; Wolfe et al., 2003). However, not all children exposed to domestic violence experience adverse outcomes. Many factors moderate the effects of childhood exposure to domestic violence, such as the severity and duration of the violence, dual exposure to domestic violence and child abuse, the child's gender and age and parental influences. One factor that has had scarce attention in the literature is how the presence of siblings may moderate the effects associated with exposure to domestic violence.

Siblings can play a vital role in children's development. Some evidence suggests that being part of a sibling relationship can mitigate some negative effects typically associated with experiencing stressful life events or marital conflict (Caya & Liem, 1998; Jenkins, 1992;

Lucas, 2002). However, the literature has not adequately examined sibling relationships of children exposed to domestic violence. Further research is needed to investigate the potentially moderating effect of the presence of siblings on the psychosocial effects of exposure to domestic violence and to clarify the pathways through which the moderating effect occurs. Considerable work is also needed to investigate other factors that might influence this association, such as the level of violence in the home, parental mental health, parent-child relationships, the availability of siblings, and the quality of sibling relationships.

### **Research Question**

The research question for the current study is:

- In what ways and to what extent does the presence of siblings moderate the psychosocial effects of children's exposure to domestic violence?

**Ways of investigating the research question.** This question would be best addressed with a longitudinal psychosocial effects study employing a mix of qualitative and quantitative methods controlling for various confounding variables. However, due to the time limits for carrying out a Masters thesis study, and due to the paucity of the literature and the exploratory nature of the study, a qualitative design was chosen. Two possible qualitative studies that could reflect on the research question were considered. The first possibility was a qualitative study interviewing children about what having a sibling means to them in the context of domestic violence. While this was the preferred option it was not considered feasible as it was beyond the scope of a Masters thesis study, especially in terms of the possible time needed to obtain ethical clearance for a study involving children. The second option was a qualitative study to address the research question indirectly by interviewing clinicians experienced in working with children who have been exposed to domestic violence

about their knowledge and beliefs concerning how the presence of siblings moderates the psychosocial effects of children's exposure to domestic violence.

As interviewing siblings themselves would be beyond the scope/ethics of the current project, the second option of a qualitative study that would indirectly address the research question by interviewing clinicians was selected. Clinicians working with children exposed to domestic violence could provide valuable and unique insights into how the presence of siblings moderates the psychosocial effects of domestic violence. To the researcher's knowledge, no literature exists on clinicians' knowledge and experience of this subject to date.

### **Study Objectives**

The objective of the current study was to explore experienced clinicians' perspectives of sibling relationships of children exposed to domestic violence and in particular how these relationships influence the psychosocial effects of exposure to domestic violence. A further objective of this study was to extend the current literature in the area of sibling relationships of children exposed to domestic violence and to provide direction for future research. Research in this area will help enhance clinical practice, specifically with the assessment of and intervention for children exposed to domestic violence.



## **CHAPTER THREE: Method**

### **Design**

The aim of the current study was to explore the opinions of experienced child and family clinicians as to whether, and how, the presence of siblings moderates children's experiences of domestic violence and any subsequent effects on their development and well-being. Given the paucity of the literature in this area and the exploratory nature of this research a qualitative design was deemed to be most appropriate. This study employed a qualitative design to explore the themes from interviews with clinicians who work with children exposed to domestic violence. The qualitative design allowed the clinicians' rich knowledge and experience to be explored.

### **Selecting a Qualitative Method**

It was important to select a methodology that was suited to best achieve the aim of the study. The following section presents the three different qualitative methods that were considered to be appropriate for the current study. To select the most suitable qualitative methodology, the advantages and disadvantages of each method with respect to the aim of the current study were considered. The three methods considered were narrative analysis, grounded theory and interpretative phenomenological analysis.

**Potential methodology 1: Narrative analysis.** Narrative analysis was considered because its emphasis on hearing and exploring the stories of participants was consistent with the research aims. Narrative analysis rests on the ideas developed in narrative psychology, which is concerned with the ways in which we create ourselves using narratives and stories (Howitt, 2010, p. 297). Narrative analysis in turn uses the narratives to understand ways in which stories are made by people and how these stories are used to interpret our personal experiences. Narrative analysis was deemed unsuitable for the current study because the

objective of this study is not focused on examining how the clinicians accounted for themselves and their experiences of siblings exposed to domestic violence.

**Potential methodology 2: Grounded theory.** The ‘grounded theory’ methodology, which grew from the work of Glaser and Strauss (1968) is directed towards theory development and assumes there is a link between data and theory building (McLeod, 2003). Grounded theory is an inductive method that is particularly useful for understanding phenomena that are not fully understood. This is true for this area of research due to the paucity of literature.

Grounded theory is not a specific means of collecting data. Numerous types of data can be used; however, rich detailed data are recommended (McLeod, 2003). Data collection and data analysis are combined in an interactive way. Data collection for grounded theory is directed by theoretical sampling, where collection of new data is guided by analysis of earlier data (Howitt, 2010). The researcher reaches tentative interpretations of data throughout data collection and these interpretations drive the need for further data and sampling. The researcher becomes very familiar with the data, and works line by line and codes for meaning. These elements of meaning are then grouped into categories.

This method was considered as it is appropriate for exploratory research in areas that are under-theorised. However, its strong emphasis on theory development was deemed to be beyond the exploratory objectives of the current study.

**Potential methodology 3: Interpretative phenomenological analysis.** The primary concern of interpretive phenomenological analysis (IPA) is to explore in detail how individuals experience phenomena and how they make sense of their personal experiences (Smith & Osborn, 2003). IPA acknowledges that the same phenomena can be constructed in different ways by different people. An assumption of IPA is that the participant is the expert concerning their experience and they are given full opportunity to tell their stories in their

own ways (Smith & Osborn, 2003). IPA focuses on the exploration of participants experience, perceptions and views and is useful when dealing with ‘complexity, process or novelty’ (Smith & Osborn, 2003), which is consistent with the aim of the current study.

Small samples are typical of IPA because of the amount of labour involved in analysis. Smith and Osborn (2003) suggest a sample of five to six participants for student researchers. Because of the small number of participants purposive sampling is recommended. In purposive sampling the researcher selects participants in a study to ensure the participants have certain characteristics pertinent to addressing the research question (Smith & Osborn, 2003).

There is an overlap between the principles and procedures of IPA and grounded theory, in particular the data analysis guidelines, which outline the steps needed to generate themes and superordinate themes from text. However, IPA diverges from grounded theory in a number of ways. Firstly, unlike grounded theory IPA focuses on experience rather than developing theories. Secondly, IPA’s recognition of the researcher’s role in data analysis differs from grounded theory. IPA is phenomenological as it explores individuals’ perceptions, but it also recognises the role of the researcher in making sense of that personal experience and is therefore strongly connected to the hermeneutic tradition (Smith, 2004). Acknowledging the researcher’s central role in IPA encourages reflective practice, whereby the researcher reflects on how he or she might influence the nature of the data collected and the analysis. Consequently, the expectation is that the researcher acknowledge his or her own experiences, attitudes, values and other potential ‘biases’ and attempt to ‘bracket these off’ prior to data collection and data analysis of IPA (Howitt, 2010).

## **Methodology for Current Study**

The three methods of analysis described briefly in the previous section bring forth different aspects of the qualitative research data, and examine different levels of the data. IPA was used for the current study to explore the themes from interviews with clinicians. IPA was chosen over grounded theory, as its focus on building theory was beyond the aim of the study, and narrative analysis, as its emphasis on the stories we use to create ourselves was not consistent with the aim of the study. IPA was most consistent with the aim of the current study as it focuses on exploring participants' experience and is particularly valuable for exploring novel complex phenomena. IPA was also selected as it encourages reflective practice.

## **Participants**

In keeping with the IPA method, a small homogenous sample of five participants was recruited. Recruitment was purposive, meaning participants were chosen on the basis of their experience working with children exposed to domestic violence. This allowed recruitment of participants who had particular expertise in this area and who could provide the richest and most relevant data. To recruit participants with the greatest knowledge and experience, phone interviews were utilised to increase the sample population to include clinicians from around the world.

Clinicians were chosen to help ensure all participants had a comprehensive knowledge and understanding of child development. It was believed that this would better allow participants to comment on whether, and how, the presence of siblings influences children's experiences of domestic violence.

## **Recruitment**

Recruitment involved a number of strategies. The first was an Internet search for expert clinicians around the world who had a large amount of experience and knowledge of childhood exposure to domestic violence. This included searching through publications, conference presentations and task forces. Twenty clinicians were initially identified and were emailed an information sheet and consent form (See Appendix C and D) inviting them to take part in the current study. One clinician was recruited through this strategy.

The second strategy involved an Internet search for agencies that specialise in working with children exposed to domestic violence in English speaking countries. English speaking countries were chosen because the interviews would be conducted in English. An information sheet was emailed to the managers of the agencies, inviting them to pass on the information to clinicians within their agency inviting them to participate. This strategy did not yield any participants.

Due to the difficulty experienced in recruiting participants through these intended strategies, a third strategy was then devised. On behalf of the researcher, the primary supervisor (Associate Professor Michael Tarren-Sweeney) forwarded an email to 29 contacts working in Australia, the United Kingdom, Ireland, Germany, Canada and the United States, who he believed it was appropriate to interview. The contacts were child and adolescent mental health clinicians and researchers working with high-risk children and their families, including maltreated children and children in care. The email contained an information sheet and a brief outline of the research, inviting the clinicians to contact the researcher directly if they were interested in participating. Several clinicians emailed Associate Professor Tarren-Sweeney directly to say they were happy to participate. Five clinicians responded. After contact with the researcher one clinician felt their clinical work was not suited for the current study. Four clinicians were recruited this way.

The resulting total of five participants consisted of three women and two men. The group included a senior clinical psychologist, one professor of Clinical Psychology, one child and family psychologist, and one social worker. The participants had a combined average of 26 years' experience working with high-risk children, including children and families who had been exposed to domestic violence. However, none of the clinicians interviewed worked solely with this population; many of the clinicians worked in child welfare.

### **Data Collection**

Data were collected through a number of in-depth semi-structured phone interviews. Semi-structured interviews are the recommended method of data collection for IPA. This form of interviewing allows the researcher to engage in conversations where the initial questions can be modified after taking into consideration the participant's responses and allows the researcher to follow up any interesting thoughts or ideas the participant puts forward. Interviews also give researchers a chance to clarify information and check their understanding of what is being said (McLeod, 2003). In addition, semi-structured interviews were selected because this method of data collection allows participants to give rich and detailed personal accounts.

**The interview.** In keeping with the IPA approach, the researcher carried out semi-structured interviews lasting between 30 and 60 minutes over the phone or via Skype at a time that was suitable for the participant. There are several different approaches to structuring qualitative interviews, one of which is creating an interview schedule. An interview schedule was selected to guide the interview process for the current study. The schedule allows for open-ended questions, flexibility during the interview and ensures consistency across participants. While developing the schedule the author took time to acknowledge her experience, preconceptions and assumptions, in order not to bias the interview. A broad range

of areas of interest were obtained from the current literature, including questions to explore clinicians' knowledge and experience of siblings exposed to domestic violence. The topics were chosen to facilitate a broad description of clinicians' experience, and included:

- The context of clinicians' experience of working with children and siblings exposed to domestic violence,
- What clinicians' thoughts about siblings exposed to domestic violence were prior to contact with the researcher,
- What informed their opinions or brought the matter to their attention,
- What children who have experienced domestic violence say about their siblings,
- How sibling relationships influence the effects associated with exposure to domestic violence,
- Potential influence of other factors.

The questions were open ended and broad, to encourage the clinicians to talk freely and to avoid influencing their answers in any way. The interview schedule was used only as a guide and did not dictate the interview; the researcher was at all times guided by the interviewee. Along with a list of possible questions, a list of possible probes and follow-up questions was developed to maximise the amount and depth of information collected during the interview. The researcher memorised the interview schedule to allow the interview to flow smoothly.

Before the data-collection phase of the interview the researcher covered a number of issues, including consent for recording the audio of the interview, the purpose of the study and the definition of 'domestic violence exposure' used in the current study. At the start of each interview the researcher confirmed that the participant had received and read through the information sheet and consent form. Permission was then sought to commence recording of the audio of the interview for later transcription. Before commencing the audio recording

the researcher gave the clinician a chance to ask any questions. Phone calls were made through Skype and the audios of interviews were recorded.

Before entering into a conversation regarding exposure to domestic violence it was necessary to check whether the researcher and the clinician's definitions of domestic violence exposure aligned. One of the most frequently acknowledged limitations in the literature on children's exposure to domestic violence, is the lack of an agreed upon definition of domestic violence and domestic violence exposure. Therefore it was important to discuss with each clinician the definition used for the current study (defined in chapter one) and check if that fitted with the clinician's stated views. The researcher also stated that physical or sexual abuse directed towards children was beyond the scope of the study. However, the researcher acknowledged the difficulty in separating domestic violence and child abuse because of the large overlap (Herrenkohl et al., 2008; Dong, et al. 2004).

During each interview the researcher worked at maintaining good rapport with the participant, thanking each clinician for taking time out of their day to participate and keeping the interview concise to make the best use the interview time. The researcher used her knowledge of counselling and psychological interviewing skills to guide her interview approach, in particular the use of non-leading open questions. She paid close attention to the interview and took notes where necessary to help follow up interesting points raised by clinicians.

The researcher used the reflective practice guide suggested by Rubin and Rubin (2011). After each interview the researcher reflected on what went well and what could be improved on. The researcher also listened back over the interview a number of times before the next interview to see if the interview schedule could be modified to explore certain concepts in more depth.



At the conclusion of each interview participants were thanked and encouraged to contact the researcher if they had any further questions or if they thought of any more information they would like to add. The audio of each interview was then transcribed and a copy of the transcript was emailed to the clinicians to give them an opportunity to add or amend information. Participants were also asked if they would like to receive a copy of the finished research paper. Finally, participants were asked if they would be available for a follow-up interview if the researcher had further questions.

## **Data Analysis**

The data collected from the interviews were analysed according to the step-by-step IPA approach described by Smith and Osborn (2003).

**Step one: Familiarisation with data and initial noting.** Transcribing was completed by a transcription service (see appendix E for confidentiality agreement). After receiving copies of the transcriptions, the researcher read through each transcript with the audio to ensure accuracy of the transcription. The transcriptions were then emailed to each participant, to give them a chance to add and/or amend information, either by email or over the phone if necessary. Two clinicians made amendments or clarified information they had given. After receiving the transcript back the researcher familiarised herself with the data by reading over the transcript a number of times, because each new reading might provide a different insight. The first two readings of the transcript were completed while listening to the audio recording, to better allow the researcher to immerse herself in the data. While reading over the transcript the researcher highlighted sections of significance and used the left-hand margin to note anything of interest or importance. There were no rules guiding what was commented on, but most of the notes were summaries of points. Each transcript was reread until no new points arose.

**Step two: Developing emergent themes.** After the researcher was satisfied that no new points of interest arose she returned to the beginning of the transcript, this time using the margin on the right-hand side to document emerging themes, usually derived from the notes made in the left-hand margin and usually at a higher level of abstraction than the initial notes. The list of emergent themes was then transferred to a Word document.

**Step three: Connecting the themes.** The researcher then studied the themes to try to make sense of connections between the themes. In the Word document, any themes that clustered together were moved into groups. Some superordinate themes emerged from the clusters of themes. As the superordinate themes emerged they were checked with the transcript to ensure the connections worked with the data. The superordinate concepts were given appropriate names which represented the cluster of themes. During this process a number of themes, which were deemed to be important but did not fit neatly into any superordinate category, were listed at the end of the superordinate themes. The following processes were repeated for each interview.

**Step four: Creating a summary table of themes.** Once all the transcripts had been analysed, each table of themes from each interview was printed out. Superordinate themes across tables and interviews were compared, paying particular attention to similarities and differences. After comparing all themes a final table of superordinate themes was constructed. Themes were selected not only for their prevalence in the data, but the richness of the data was also considered. The findings are discussed in the results chapter.

## **Ethical Considerations**

Approval to conduct this study was granted from the University of Canterbury Human Ethics Committee (See Appendix A for a copy of the approval). All participation was voluntary and participants were able to withdraw from the study at any stage. Participants

received detailed information sheets describing what was involved in the study and the expected time commitment involved. Informed consent from each participant was gained. The main ethical consideration of the current study was maintaining the anonymity of the participants. To ensure anonymity of the clinicians and their clients only the participant's profession was reported. Any potentially identifying information given during the interviews was omitted during the write-up. To further ensure anonymity, the author's supervisors were not provided with interview transcripts and were not told the participants names. Although some potential participants contacted Associate Professor Michael Tarren-Sweeney to say they were happy to participate, he did not know which clinicians went on to contact the researcher or take part in the study.

## CHAPTER FOUR: Results

The aim of the current study was to explore the opinions of experienced child and family clinicians on whether, and how, the presence of siblings moderates the psychosocial effects of domestic violence exposure. The researcher analysed the data from the semi-structured interviews using the methods described previously. From the data, six superordinate themes were identified. A number of subthemes were identified within four of the superordinate themes (see table 1).

Table 1

<i>Superordinate themes and subthemes</i>	
1. One sibling taking a protective and 'parental' role	
(a) One sibling getting involved	
(b) Providing protection and support during the violence	
(c) Often the oldest child in the family	
2. Polarisation of sibling relationships	
3. Factors influencing sibling relationships	
(a) Factors outside the family	
(i) Another adult for support	
(ii) School	
(iii) Community	
(b) Factors within the family	
(i) Parental resources	
(ii) Age	
(iii) Alignment with a parent	
(iv) Silence	
(v) Size of sibling group	
4. Impact on the sibling taking a supportive role	
(a) Harmful impacts	
(i) Anxiety	
(ii) Controlling, aggressive and over protective	
(iii) Difficulty after leaving the violent situation	
(iv) Needs not met	
(v) Can get physically hurt	
(b) Potentially positive impacts	
(i) Sense of purpose	
5. Impact on the sibling being protected	
(a) Younger sibling may feel guilty about sibling protecting them	
(b) May not be able to acquire independence	
(c) Different attributions	
(d) Being protected and feeling safe	
6. Importance of individual family context	

The six superordinate themes are explored in more detail in this section along with the subthemes. Quotes from the interviews illustrate each theme. The inclusion of the extracts from the interviews also allows the clinicians' voices to be heard.

### **Theme 1: One Sibling Taking a Protective Role and 'Parental' Role**

The first theme suggests that in some families where children are exposed to domestic violence one child takes on parental roles the parents are unable to carry out and attempts to protect their siblings from the violence. The clinicians spoke of a number of strategies children use during the violence to try to protect and support their siblings. Clinicians also spoke of how it is often the oldest sibling who takes on a protective role, but they recognised there are many exceptions.

**(a) One sibling gets involved.** It was a common theme that one child in a family takes a protective and parental role. All clinicians had experience of one child in a family trying to protect their siblings from the violence and also trying to take on a parental role when their siblings' needs were not met by the parents.

*"I do quite a bit of family therapy, so it comes up a lot in some therapy around children who have had to take, or felt they have had to take a parent role in families where there's a high level of domestic violence." – Clinician 5*

**(b) Protection and support during the violence.** Four of the clinicians spoke of ways in which one child attempts to protect their siblings during the violence. These include a number of different support strategies. Some children seek proximity with each other, "... *some children will congregate in one bedroom and stay there when it's happening,*" others use diversion tactics to distract the other children from what is happening and "*there are the children who will try and intervene.*"

*“Oh, they will do things like tell them to hide under the bed, or take them out of the house. They will stand in front of them; they will try to talk to them, to tell them it’s going to be all right. They will try to feed them, give them something to eat, as a kind of emotional substitute. And there are various strategies like that but they are usually based around avoidance, distraction or actual physical engagement with their aggressor in order to prevent them from doing harm.” – Clinician 2*

One of the clinicians felt that siblings might not be capable of providing support to their siblings because they had *“not learnt from an adult how to protect or feel protected and safe.”* However, further into the interview this clinician identified a family where the children sought proximity with each other during the violence.

*“As recent as last week actually, these children told to me about how they would hide in their bedroom and the three of them were in there together, so I thought they were getting some support from each other in that setting, and they described how very frightened they were... and yet I’m just thinking now that certainly their experience at the time was that they turned to each other for some sort of protection. And that was long-term exposure.” – Clinician 3*

The clinician recognised that rather than being alone listening to the violence, at least these three children were in a room together. However, the clinician believed that this would be the extent of their support of one another.

**(c) Often the oldest child in the family.** All five clinicians discussed how the sibling in the family who takes on the protective or parental role is often the oldest sibling at home. However, all recognised that there are many exceptions and variations within families, related to gender, level of functioning, other individual characteristics, and patterns within families.

*“In that situation [where domestic violence is occurring] the siblings often form protective bonds and it’s quite common for me in working with kids for them to tell me the oldest child in the family or sometimes the oldest male in the family attempts to take on a protective role.” – Clinician 2*

Two other clinicians referred to the gender of the sibling taking on the protective role. One clinician suggested it is often the male in the family while another reported it is often the female sibling who takes on the protective role.

One clinician suggested that the children’s level of functioning might also be a factor in influencing which child in the family takes on the protective or parental role.

*“Sometimes, I’m just thinking of another case where the younger child was the child who was the parentified child; he was protective of the older sibling, who was less cognitively able. So it’s not necessarily age-related; I think it also depends on that child’s level of functioning.” – Clinician 3*

Another clinician shared thoughts around how one sibling in the family can become triangulated in the parental relationship and that this child is often the one who takes on a parental role. This sibling may also be indirectly protecting their siblings because if they become triangulated in their parents’ relationship their siblings do not have to become involved in the violence.

*“Why is it that one sibling more than the others gets involved in the parental relationship, either trying to stop the violence or mediate the violence or getting drawn in to take sides perhaps to protect the mother or align with the father with that kind of illusion of safety. But in that position of being triangulated, recognising that you are protecting your siblings, you’re keeping*

*them out of that role, because you're in it and playing that role in your parents' marriage. So it's not like all the children get triangulated ;it seems to be only one person who does, but they then talk about how that meant that they were looking after their other siblings who didn't have to mediate or get involved in the violence or feel so responsible and similarly, the one who was in the triangulated position, not necessarily the oldest, was also the one who often looked after the others – took on some of the kind of the parental functions that the parents had abdicated, either because they were traumatised or for the various reasons why parents might neglect some of the needs of their children.” – Clinician 1*

In addition, this clinician reported being unable to explain why one particular child in a family takes on that role. This clinician also suggested that it might be due to the child's individual characteristics or it might just happen by chance and that child might receive reinforcement for that behaviour.

*“I mean in my experience there are some things that I can't explain. Like why is it that one of the older siblings – maybe not the oldest – is the one who looks after the others? Or is feistier and stands up to the aggressor and gets involved in the parents' marriage and trying to keep the peace. I can't always explain why it's that child and not that one. And it may be ironic. It may be that the reason it's one child rather than another, there might be some characteristics that they've developed that make it more likely that it's them – like they're feistier. But I don't even know where that comes from all the time. Or it might just be that they're in the right place at the right time, that they do intervene. And it's powerfully rewarding as a child if you intervene in a way that actually*



*does protect your mum or reduce the violence. And then it's not difficult to see how a pattern would grow from something like that. So it might start, ironically – not in any kind of functional way, if you see what I mean. But then it's maintained because it's functional.*” – Clinician 1

Another clinician also mentioned that which child takes on the protective or parental role in a family may also be fluid, shifting as siblings move out of the home.

*“But actually it can move as well. As older children leave, then that role can be taken up by other siblings as well.”* – Clinician 5

One clinician suggested that in families where children are exposed to occasional domestic violence there might be less ‘need’ for one child in the family to take on a parental role.

*“Children who would have experienced one-off events or occasional events, then I think the effect on them as a sibling group is much less, and I guess those children probably, on reflection, are much less likely to have to take on those more parenting roles.”* – Clinician 5

## **Theme 2: Polarisation of Sibling Relationships**

From the clinicians’ reports it appears that exposure to domestic violence may polarise sibling relationships in one of two ways; either the siblings come together and support each other or their relationships are disrupted and are characterised by rivalry and aggression. This polarisation is reported by some clinicians to be potentially driven by the type of violence to which the children are exposed. It seems that in cases where the siblings can support each other and pull together, the children are often exposed to violence that is contextually driven and not the only means of communication within a family. In cases where

siblings may find it difficult to come together and support each other, these children are often exposed to long-term calculated violence that may become an accepted way of communication.

Four out of the five clinicians discussed how sibling relationships in families where domestic violence is prevalent often go one of two ways: siblings pull together to support each other or they fight over the few resources available.

*“But the siblings can do one of two things. They can choose to be to be protective and they can act protectively or if the violence is endemic you come to accept violence as a normative communication strategy within the family and they perpetuate the violence. So siblings can go one of two ways.” –*

Clinician 2

Another clinician talked about polarisation also occurring when the children’s parents are unable to meet the children’s needs.

*“If parental resources are scarce in the sense that the parents aren’t able to devote enough time or nurturance to the children, it sometimes would polarise in one of two ways. Either the children would kind of gather together and pool their resources and look after each other – even though that’s not always adequate because the kids looking after the kids aren’t always best placed for the various reasons that you know, like just their own emotional maturity and what it means for their own development in terms of other things they need to be paying attention to, like school or whatever – or you could kind of get a pattern at the other extreme where they would fight amongst themselves over the scarce resources.” – Clinician 1*

Three clinicians discussed the key reason they believe this polarisation occurs. Siblings who are better able to support each other tend to be those children from families where the violence is not endemic, that is, violence typically occurs because of high levels of physiological arousal triggered by the environment. In such families children might have been able to experience their parents interacting in non-violent ways, and these children might have a better range of coping strategies and be able to draw from experiences other than those of violence. These children might also find it easier to develop empathy and compassion, which are necessary characteristics for providing support.

*“If you are working in a family where violence is not endemic, for instance the most typical scenario is where the guy goes out gets drunk and comes home and gets shitty; in that situation the siblings often form protective bonds...” –*

Clinician 2

Four clinicians discussed a key factor as to why they believed some sibling groups find it difficult to support each other. The clinicians described how the siblings who find it difficult to pull together have often experienced long-term calculated violence. Their inability to support each other might be due to the children not being able to observe positive caring and empathetic behaviours between their parents.

*“... and I’m not wanting to minimise – but sometimes you can get violence that arises out of sort of unhelpful physiological arousal. People get overwhelmed with frustration, irritation, their attachment triggers, they feel shamed, so it’s much more explosive and in a funny kind of way makes more sense to onlookers. Whereas some of the violence that children are exposed to, some of the really nasty stuff, the more calculated, deliberate stuff – particularly children who are encouraged by the perpetrator to be violent to*

*the other parent – are more likely to find it harder to pull together as a sibling group and kind of look after each other in that more compassionate nurturing way.” – Clinician 1*

Another clinician spoke about how some older children choose not to or cannot deal with the situation and try to escape the situation themselves.

*“Some of them turn off and actually leave the house. But the majority – when I say the majority, I’ve probably seen 100 of these cases in the last 20 something years, some of them act on behalf of the kids and others turn tail and say, well I give up. Others actually tell me that they can’t (won’t) deal with it, and say ‘I’m going away.’ They’re trying to escape the harsh realities themselves. So it differs.” – Clinician 4*

One clinician identified at the beginning of the interview that sibling influences on the effects of exposure to domestic violence was not something that had been brought to their attention before contacting the researcher. This clinician did not think of the sibling relationships of children exposed to domestic violence as being supportive, and viewed the sibling relationships as very violent relationships.

*“I would say that the sibling groups that I’m thinking of often there’s violence between the siblings and not good relationships.” – Clinician 3*

### **Theme 3: Factors Influencing Sibling Relationships**

From the interviews with the clinicians it was evident that the type of violence to which siblings are exposed to is a key factor in influencing sibling relationships; however, all clinicians referred to a number of other factors that might influence the relationship of siblings who have been exposed to domestic violence. These factors can be separated into

two groups. The first group includes factors outside the family and the second includes factors within the family and sibling group.

**(a) Factors outside the family.** The clinicians identified three factors outside the family that can have an influence on sibling relationships. The first is having another adult for support, who can model caring and empathetic behaviour. The second is the children's school. School may act as a respite for some children and provide an environment where the children can be children. School may also be able to support the siblings' relationships with one another and encourage appropriate behaviour. A third factor outside the family is the community in which the family lives, for example sibling relationships might be influenced by whether there are other risks in the community, such as gangs and hostile neighbours, or whether the family lives in a community where there are other supports for the children.

**(i) *Another adult for support.*** Two clinicians discussed how having another adult outside the immediate family can help sibling relationships by providing some nurturance. The outside adult may also support the children in looking after one another and help draw the siblings together.

*“One of the factors that seemed to be important was whether or not there was another grown up around, like a grandparent say or a family friend, but just somebody who provided some nurturance for them, kind of supported them in looking after each other, was kind of there for them in that sense of providing some emotional stability, giving meaning to some of their experiences.”—*

Clinician 1

**(ii) *School.*** Three clinicians talked about how schools can provide support for sibling relationships. Schools may act as a respite for the children, an environment away from the

violence where their relationships can be supported and where the children can just be children, which may be especially helpful for the sibling taking on the parental role.

*“I mean I think where children are in school together and their relationship is well supported in school and neither sibling is allowed to kind of take a very controlling position or parental position or overly nurturing position, they have an opportunity to experience each other differently – from my experience school can be hugely protective for the sibling relationship under those circumstances.” – Clinician 5*

(iii) **Community.** The community or neighbourhood the family lives in was mentioned as another factor by two clinicians. Neighbourhoods where violence is common may provide children with many antisocial opportunities and reinforce the message that violence is an acceptable form of communication, whereas people in neighbourhoods with less violence may help model appropriate caring behaviour and provide more opportunity for prosocial activities.

*“Often you’ll find if you’re living in a violent area, a housing commission area, that will have a different impact on how families and the siblings respond to the violence compared to those families who may be living in a more benign or supportive area where the kids are involved with caregivers who are external to the families who can moderate the impacts of violence so there are a number of different factors that might be occurring that might be impacting on what happens to the siblings relationships within the family.” – Clinician 2*

(b) **Factors within the family and sibling group.** Factors within the family and sibling group can also have an influence on sibling relationships. Clinicians identified a

number of factors within the family and sibling group that might influence the sibling relationship. The first was the parents' ability to meet their children's emotional and physical needs. Even though domestic violence is prevalent in a home, one or both parents might be able to provide the children with sufficient love and warmth. The second factor was the age gap between the siblings and age of the siblings when first exposed to the domestic violence. Siblings who are close in age might have common interests or be rivals, which may affect their relationship. In addition, some siblings might have spent much of their childhood not exposed to domestic violence while other children in the same family might not have known anything other than being in a family where domestic violence occurs.

Alignment with a parent was another factor identified. Siblings in a family might have different opinions about who is the aggressor and who is the victim in the relationship, which might cause a divide in siblings' relationships. Whether or not family members discuss the violence with each other also has an influence on sibling relationships. Finally, the number of siblings in a family was also suggested as an influence on sibling relationships, perhaps because larger sibling groups might be more disorganised and it might be more likely for sibling abuse to occur.

(i) **Parental resources.** Parents' ability to provide their children with love and affection can have an impact on sibling relationships. One clinician talked about how some parents can provide their children with enough love and support, which in turn helps their children to support one another.

*“And occasionally you’d find that although say a mother sort of traumatised by violent attacks on her still did a good enough job of looking after her kids, so that her kids could actually be there for each other, you know.” – Clinician 1*

(ii) **Age.** While four of the five clinicians talked about children's age having an impact on the sibling relationship (either the age gap between siblings or the age when the children were first exposed to violence) there was no consensus. Even individual clinicians had some conflicting thoughts about how age influences sibling relationships. Clinicians talked about how age might influence sibling relationships in several different ways. The first is the age gap between the siblings, which was a common theme for clinicians to talk about. Four clinicians talked about different ways the age gap between the siblings might influence sibling relationships. One clinician suggested that a larger age gap might elicit some nurturance in older children, while children closer in age might be more in competition.

*“And I’m just thinking about my last couple of cases but you may find for instance that the older children will click with the very young children because it excites some nurturance or a nurturing component and they will be in competition with children who are closer to their own age and that these kind of influences can occur.” – Clinician 2*

Another clinician described how some siblings might not even know each other because of the large age gap between them. This clinician went on to talk about how siblings close in age might get along better due to having common interests, while others close in age might be more competitive.

*“A big age gap will have quite a different impact than a small age gap. You get families where the age gap between siblings could be 20 years so in effect the younger siblings don’t really know their older siblings at all. You can get age gaps, sometimes siblings who are close in age can be competitive; other times, the fact that they’re close in age means there’s joint interests.” – Clinician 2*



The age of the siblings may also influence the type of support they provide each other during the violence. One clinician pointed out that compared to older children, younger children may be more likely to seek comfort from one another by seeking proximity during the violence.

*“I think the younger children that I’ve worked with, like say younger than 10, those seem to be the children who are comforting each other more and more likely to kind of seek each other out during those times. I don’t know that they’re more likely to explicitly talk about it actually, but will kind of seek each other out.” – Clinician 5*

Secondly, the age when each sibling is first exposed to the violence may influence sibling relationships. Depending on when the domestic violence began, parents may have been able to ‘be there’ for some children more than for others. Children in the same family might have been able to form a loving and supportive relationship with a parent before the domestic violence began, while younger siblings might not have had as much time to form a relationship before the violence began.

*“The age of the child when they’re first exposed to the violence is important. And if you think that one of the tasks of parents is to kind of help children make sense of what’s happening to them, like naming their emotions and understanding their emotions and just figuring out how the world works and relationships work, you know some parents have been able to do it for some of the siblings but not all of the siblings. So some of them get something and some of them miss out. And that in and of itself can create resentments: the idea that one might be the favourite.” – Clinician 1*

(iii) **Alignment with a parent.** Three clinicians talked about how siblings in the same family might identify different parents as the victim and the aggressor of the violence and the alignment with different parents might have an impact on the closeness between siblings.

*“So the siblings, they start to splinter because they start to take sides. One child will see mum as more the aggressor; another child will see dad as more the aggressor, and while that doesn’t necessarily spill out into sibling conflict, what it does is it starts to split the sibling bond and can have an impact on the closeness that the siblings have.” – Clinician 2*

(iv) **Silence.** Three clinicians talked about the effect of whether or not the domestic violence is spoken about in the family. One clinician spoke about a family the clinician had worked with where the siblings never spoke to each other about the domestic violence. As the clinician was speaking the clinician began to wonder whether the fact that this family was middle class was associated with the members’ strong desire to keep the violence a secret.

*“I worked with a family recently where only one child disclosed it happened, and that was the youngest child in the family, and he had two older brothers, and they never spoke to each other about it, and the older brothers were incredibly angry with the youngest brother because he was the whistle blower and they had worked so hard for years to keep this a secret within the family. Though to my knowledge even now, those brothers haven’t spoken to each other and would never have spoken to each other during the violence either... I think that family was just highly organised around keeping this secret, and I think that was very explicit, that you know you could not talk about this and nobody could know because there would be serious consequences for them. And that was the position of the mum in that family as well who was the victim*

*of domestic violence. That's also a much more middle-class family – actually one of the few very middle-class families who I've worked with, where – and I wonder if that makes a difference actually.” – Clinician 5*

Another clinician spoke of how they believed that children who can talk about the violence with each other are better off than children who are unable to discuss it with each other.

*“Well I think the ones who are better off are the ones where they can, at least amongst themselves, acknowledge what's going on – even if they can't discuss it with their parents.” – Clinician 1*

(v) ***Size of the sibling group.*** One clinician suggested that, from their experience, large sibling groups might be more disorganised than smaller sibling groups.

*“I think it's much more disorganised when there is a larger sibling group, in terms of how they manage the situation.” – Clinician 5*

Another effect of large sibling groups on relationships is that there might be a number of different relationships in one sibling group. Some relationships might be protective while others within the same family might be harmful. This clinician also suggested that there might be more scope for sibling abuse in larger families.

*“So with the big sibling group that I'm working with at the moment, they have each such a different relationship with each other and some of them have been protective for them, and some of them have been hugely unhelpful. So there's been quite a lot of inter-sibling abuse that echoes what they've seen their parents do and what they've experienced from the parents, which is obviously*

*hugely problematic, especially for some of the – oh for both actually, just for all of them, and then there’s some relationships within that bigger sibling group that could be protective and have the potential to be quite helpful, if they could be placed together in a system that would help them manage themselves slightly differently. So I guess in that bigger sibling group, I think there’s more scope for inter-sibling abuse as well.” – Clinician 5*

#### **Theme 4: Impacts on Sibling Taking the Protective and ‘Parental’ Role**

All of the clinicians interviewed described how taking on the protective or parental role in the family can have both potentially harmful and potentially positive effects.

**(a) Harmful effects.** All the clinicians spoke about how taking on a protective or parental role might have a negative impact on the child. One clinician talked about the potential for siblings to become anxious about leaving home, because they want to be there for their siblings. Children taking on the protective role may also become over controlling and overprotective of their siblings. Another negative impact of taking on this role occurs after leaving the violent situation. Children taking on this role may find it difficult to give up their role. Children may also be physically hurt as a consequence of trying to intervene in the violence. Another effect on the child is that they might put others’ needs before their own and not have their own needs met.

**(i) Anxiety.** One clinician talked about how taking on a protective or parental role towards their siblings can cause the child some anxiety when having to leave their siblings at home.

*“And I’ve very often worked with children in that parentified position who are referred to us because of say school refusal or there’s some idea about like health anxiety, or anxiety that means they can’t leave the home, and actually*

*when you unpick what's happening, it's about them trying to be there to protect their siblings or to protect a parent.” – Clinician 5*

(ii) **Controlling, aggressive and over protective.** Four clinicians talked about how the sibling who initially starts out taking the protective or parental role can over time become overprotective of and controlling towards of their siblings.

*“After a while they start identifying with the aggressor kind of like Stockholm Effect. They start to identify with the aggressor and then they start to act as an aggressor towards their younger siblings. Despite the fact that they started off exercising a protective role and they may not necessarily exercise that aggressive role in overt aggression, but sometimes they do. But often they will do it by becoming very controlling.” – Clinician 2*

Another clinician discussed how this controlling behaviour might not just be limited to the sibling relationship.

*“... and sometimes in school present as very kind of controlling and oppositional, because they feel the need to be in control of the situation, because somebody has to be at home.” – Clinician 5*

(iii) **Difficulty after leaving the violent situation.** Two clinicians talked about the difficulty these children have after leaving the violent environment. They have been responsible for taking care of their siblings, but when they leave the violence they are often expected to forget about their responsibilities and become a ‘care free’ child. However, these children may also attempt to establish themselves as a kind of co-parent.

*“And then we see lots of difficulties say after the parents have separated and one partner has moved out and there isn’t kind of active domestic violence happening in the home, but often an older child in the family feels that they have to establish themselves as a co-parent or even like taking the more parent role in the family, and that undermines the parents’ position and causes lots of resentment for the siblings and it leads to huge difficulties.” – Clinician 5*

This can also occur when families take refuge at shelters. These children have been responsible for looking after their siblings’ safety, but once safely at a shelter they are often left out of safety planning, which is discussed between the adults.

*“And the problems, interestingly enough, often arise in the shelter. Because when they get to the shelter, the shelter staff are saying, you know, you’re safe here, you can now get on with being children and doing childhood things, so they don’t get invited to safety planning meetings and stuff like that – and that’s when the kids go ballistic. Like you know, I’m not – I’ve been looking after safety all this time, I’ve been looking after my siblings, what do you mean tell me to get on with my childhood? My job is to look after... And so they feel displaced and not respected, not properly included, and given their own levels of fear, they need to be included at the very least just so that they know about safety, because they were the ones responsible for it before.” – Clinician 1*

One clinician discussed how these children also have difficulty when coming into care.

*“And certainly the experience when siblings come into foster care is that those children particularly struggle because their role is gone. They don’t have*

*anybody to look after anymore, and carers find that very difficult and for placing sibling groups for adoption.” – Clinician 5*

However, the same clinician talked about how some families and agencies are sensitive to the child’s role and work with the child when the child comes into care to make the transition as smooth as possible for the child.

*“So some families and some agencies will just be really sensitive around that, and so the older child might move into the foster family home first if they’re coming from different placements, and support the prospective carers with preparing for the child. So they might kind of say ok we’re going to share your expertise because you know him really well, so let’s help, like get his room ready and what kind of things does he like and what toys would he like, and so the transition is managed in a more kind of gradual way, and in a really respectful way of the role that this child has played in looking after their little brother or sister. And then I think it is just about foster carers or adoptive parents being really kind of persistent and attuned and sensitive until that child’s internal working model of relationships can shift enough for them to just value themselves as a person and feel safe enough to kind of explore other aspects of their identity without having to just be alert for caring for their sibling all the time.” – Clinician 5*

(iv) **Miss out on getting their needs met.** Three clinicians talked about how the sibling taking on this role might learn to put others’ needs before their own and miss out on getting their own needs met.

*“It can help them, but the child undertaking parental roles or responsibility misses out on his needs.” – Clinician 4*

Another clinician suggested that the child in the protective role can become compulsive about caring and putting others’ needs before their own.

*“But the risk is, you might become somewhat compulsive in your caring for others, [...] but you know, your sense of self-worth is very much defined by keeping others safe and looking after others, so you pay less attention to your own needs, your own safety, and eventually might find yourself in a violent relationship in your adulthood.” – Clinician 1*

(v) **Can get physically hurt.** Three clinicians discussed how the sibling taking on a protective role can be physically hurt as a result of intervening and trying to stop the violence.

*“So some of his older siblings used to try and physically intervene and so they would have been physically hurt as well as a consequence of trying to intervene rather than it being specifically targeted at them.” – Clinician 5*

**(b) Potentially positive impacts.**

(i) **Sense of purpose.** Only one potentially positive impact on the protective or parentified child arose during the interviews. Two clinicians talked about how taking on this role can give children a sense of purpose and allow them to develop compassion and empathy.

*“Well yeah, but it gives you a purpose as well, doesn’t it? If it gives you meaning and it gives you purpose, then you are doing good. There’s no doubt*



*about that. It also allows you to develop your compassion and your tenderness; and empathy is really important isn't it? It's empathy that prevents us from being violent. It stays our hand, as it were."* – Clinician 1

### **Theme 5: Impact on the Sibling Being Protected**

Four clinicians identified a number of ways in which the siblings being protected are affected by their sibling's attempt to protect them or parent them. Siblings may feel guilty about their sibling looking after them and protecting them. Siblings may also find it difficult to acquire independence because of the overprotectiveness of one sibling. The sibling being protected may also feel differently about the sibling who tries to protect and parent them. Some children might say the sibling is kind to them, while others might say the sibling is unkind.

**(a) Younger sibling may feel guilty about the sibling protecting them.** One clinician talked about how a number of younger siblings feel guilty about their siblings protecting them from the violence.

*"I've worked with quite a few young people who feel incredibly guilty that they were exposed to this domestic violence but partly protected by older siblings and felt that they're kind of, I guess, guilty about the experience that older siblings would have had."* – Clinician 5

This clinician went on to give an example of a client who had felt guilty about what his older siblings went through.

*"I worked with one young man who had two older siblings and as the youngest, he had been relatively protected from what happened. So some of his older siblings used to try and physically intervene and so they would have been*

*physically hurt as a consequence of trying to intervene rather than it being specifically targeted at them. And he felt incredibly guilty, and he was referred because of post-traumatic stress disorder, and he had awful flashbacks of the scenes of domestic violence and was always kind of trying to justify why he hadn't tried to help his older brother and sister more and why he hadn't been the one who protected his mum."*

This young man's experience of guilt had a big influence on his current behaviour.

*"And the consequences for him were really difficult, because he kind of re-enacted it in his day-to-day life and ended up going through like a young offenders' route, because he had such a strong belief that you had to protect women, and so he would get into lots of fights actually with other young men if they looked at his girlfriend and this kind of thing. He'd say, oh he had to defend them. But in relation to his siblings, he just felt very guilty and I think ashamed that he hadn't helped them more."*

**(b) May not be able to acquire independence.** One clinician suggested that other siblings might find it difficult to acquire independence as a result of the protective parentified child's over protectiveness.

*"Over protectiveness so that the younger sibling isn't able to do anything, isn't able to acquire any kind of independence or opportunity to say things without permission."* – Clinician 3

**(c) Different attributions.** Two clinicians mentioned how the siblings being protected might have different attributions about the sibling taking on the protective or parental role. For example, some children might appreciate what their sibling does for them

and say they look after them and are kind to them, while others see the sibling as abusive and controlling.

*“Sometimes siblings recognise that and acknowledge what the person has done and are grateful to the person and carry a candle for them. Sometimes particularly if the protecting sibling turns and becomes controlling they resent that person and they forget how it all started and they only see the end product. Sometimes they feel very sad, very distressed for their sibling and they in turn want to try to protect him or her when they get a bit older.” – Clinician 2*

Another clinician talked about how siblings within the same family might have different attributions about the protective sibling’s behaviour. Some might feel positively, while others might feel negatively about the behaviour.

*“I’m thinking about a family of six siblings who we’re trying to place at the moment where the domestic violence was extreme and long term. But in each of those, the older child has taken on a parent role. But I think all of the siblings, who are old enough to talk about it – younger than him – will say different things about his behaviour and make different attributions about it.” – Clinician 5*

**(d) Being protected and feeling safe.** Three clinicians talked about how having a sibling looking out for them might be protective. It might provide the child with a sense that someone is there for them. However, the clinicians also recognised that this is not always adequate because the sibling taking on this role is not necessarily best placed for reasons such as their lack of emotional maturity and what it means for their development.

*“I think there’s some element of that being protective for younger children. I think it’s really mixed, because that sibling isn’t in a position to be really looking after them, so they don’t get like sensitivity and everything that they need, but I think at least there is some sense that they have a kind of secure base around that they can go to. Though I do think those children have a slightly better chance of recovery, or have some sense that there is somebody who can keep them relatively safe. I don’t think it’s good enough. I think it’s helpful in some ways for them.” – Clinician 5*

The following two examples of younger siblings feeling safe and cared for by their older siblings were given by two different clinicians.

*“... I asked my students about, who do you like in the family, who’s nice, and who isn’t, and who would you want to stay with forever and ever. And this kid said my older sister, which is tremendously sad.” – Clinician 4*

*“I’m working with a sibling group at the moment where the younger brother wants to sleep in bed with his older brother because that’s kind of the only way that he can feel safe, and he’s really worrying about being separated from his brother when they’re placed in care, because he doesn’t know what he’ll do without him.” – Clinician 5*

However, another clinician described how some children can be better off without some siblings.

*“I think having siblings helps dilute the impact, providing the siblings don’t take on the characteristics of the aggressor. The worst possible outcome – one that I see relatively frequently I might add – is where the siblings take on not*

*only the violence but also the sexually aggressive nature of the parties, and so you end up with a girl who's being sexually abused by her brother but also being exposed to a domestically violent situation in which there's no protection. So there the sibling is actually far worse. It's better for all that the sibling never existed. So you can get situations where the sibling's part of the problem, and you can get situations where the sibling helps dilute and protect and it's a matter of the internal family dynamics as to which one is going to be the best one.*" – Clinician 2

### **Theme 6: Importance of Individual Family Content**

The final theme takes into consideration all the previous themes and cautions about forming categories or patterns about how the presence of a sibling influences the effects associated with domestic violence exposure.

*"So you've got to be careful. I don't know of a simple formula that's going to describe the relationship between siblings in their response to domestic violence."* – Clinician 2

Another clinician also talked about how the identified patterns can have a mutual influence.

*"So there are so many factors I think that affect a child's response [to the domestic violence], that then influence if you like in this kind of mutual way, the way they can then make connections with their own siblings."* – Clinician 1

Finally, one clinician eloquently describes the importance of considering family context because there are many different factors involved, unique to each family.

*“So it’s all these kind of factors that interact with one another, and so in a way, as a psychologist, rather than looking – I mean there’s kind of the gross patterns I was talking about, but really I think it’s more a kind of a situation formulation where the circumstances are so complex usually and there are so many different people and factors and timelines involved that you need to really understand and know the family’s own circumstances to then position the siblings and their experiences in terms of what kind of an effect it might be having on them now and what you might predict for them for the future in terms of what you want to help them pay attention to in the future. So I would say as a psychologist that that formulation is key. Having multiple models to explain – you know, not relying on one view of the world.” – Clinician 1*

## **CHAPTER FIVE: Discussion**

The purpose of the present study was to explore how the presence of siblings moderates the psychosocial effects of children's exposure to domestic violence. This question was addressed with in-depth semi-structured interviews with five expert clinicians to explore their knowledge, beliefs and experience of siblings exposed to domestic violence. An Interpretative Phenomenological Approach (IPA) was used to analyse the transcripts from the interviews with clinicians identifying themes that represent the knowledge and beliefs of the clinicians in this study. The following six superordinate themes were identified: One sibling taking on a protective and parental role; polarisation of sibling relationships; factors influencing sibling relationships; the impact on the sibling taking on the parental and protective role; the impact on the siblings being protected and the importance of individual family context.

Overall, the results suggest that clinicians with experience in working with children exposed to domestic violence perceive that one child in the family tends to take on a parental and protective role over the others and the influence of the sibling relationship may differ depending on whether the child is the sibling who takes on this role or whether they are the ones being protected. These results also emphasise the importance of formulation in understanding the influence of sibling relationships on the psychosocial effects of domestic violence, as there are many different factors which need to be considered. This chapter discusses the present study findings in relation to previous literature. In addition, the strengths and limitations will be outlined. Finally, the practical implications as well as recommendations for further research will be discussed.

## **Theme 1: One Sibling Taking on a Protective role and ‘Parental’ Role**

Clinicians in the current study suggested that in families where children are exposed to domestic violence one sibling in the family, often the oldest, tends to take on the parental roles which their parents are unable to carry out. The idea of one sibling taking on a parental role closely aligns with findings from Lucas’ (2002) study. While, Lucas (2002) found that caregiving between siblings was mutual, the oldest child in the family often assumed the ‘parental role’ of becoming a caregiver for the younger siblings and the leader of the children during episodes of violence. Also consistent with the current findings, Lucas (2002) found this child often became triangulated in the parental conflict.

Clinicians in the current study felt that the sibling taking on the parental role endeavours to protect and support the other children during the violence using a number of strategies including, attempting to distract their siblings from the violence and trying to physically intervene between the adults fighting. Previous research has also reported sibling support and protection in the context of domestic violence. Children in Jenkins (1992) study reported seeking contact with their siblings when a quarrel started and discussing something about the quarrels with their siblings. In Caya and Liem’s (1998) research many participants reported that they felt cared for by their siblings who “offered to discuss the family situation, took them to safe places, separated their parents during arguments or gave them implicit support through eye contact and maintaining proximity during stressful times” (p. 331). Sibling protection was also a major theme for the children in Luca’s (2002) study, with many of the older children protecting their younger siblings from psychological and physical harm.

This concept of one child in the family, usually the oldest, taking on a protective and parental role supports what is previously known about siblings in the context of domestic violence. However, clinicians in the current study acknowledged that this is not always the oldest child, and that sibling’s level of functioning might influence which sibling takes on



this role, whereby the sibling with the highest level of functioning takes on the parental role. This idea of the sibling with the highest level of functioning taking on the parental role has not yet been addressed in the literature and could be considered in future studies.

## **Theme 2: Polarisation of Sibling Relationships**

Clinicians in this study talked about two relationship patterns they often observe in siblings exposed to domestic violence. Sibling relationships tend to polarise in one of two ways; some come together and support each other, while other sibling relationships are characterised by rivalry and aggression and these siblings tend to fight over what little resources are available. To the author's knowledge, this polarisation of sibling relationships has not been examined in past research on children exposed to domestic violence and should be investigated in future studies.

Clinicians in the current study suggest that this polarisation may be due to the type of violence siblings are exposed to. Children exposed to violence, typically occurring because of high physiological arousal triggered by the environment, may also observe parents interacting in non-violent ways. These children may have a better range of coping strategies to draw from and may be better able to comfort and support each other. Whereas, children from homes where the violence is long term and calculated may not have been able to learn empathy and caring behaviour from their parents and therefore may find it difficult to support each other.

The type of violence children are exposed to could also influence the polarisation of sibling relationships in a different way. We know from previous research that children exposed to more severe long term violence are at an increased risk of developing adverse outcomes (Fernández, Ezpeleta, Granero, de la Osa, & Domènech, 2011; Kernic et al, 2003). This suggests that the length and the severity of violence may affect children's psychosocial

outcomes which in turn might influence the children's relationships with their siblings. Children who are exposed to more severe long-term domestic violence may have poorer outcomes which may hinder their ability to form and maintain sibling relationships.

### **Theme 3: Factors Influencing Sibling Relationships**

While the type of violence siblings are exposed to influences sibling relationships, there are also a number of other factors clinicians identified that may influence relationships of siblings exposed to domestic violence. Clinicians in the current study identified factors outside of the family, such as school, community and another adult for support and factors within the family, such as siblings' age, parental resources, type of violence, alignment with a parent, silence and the size of the sibling group.

One factor that has been addressed in past research is parental resources. It has been suggested that the effects of marital conflict on sibling relationships may be mediated by the impact on parent-child relationships and by the extent to which they lead to hostile parenting. Marital conflict appears to have no significant effect on sibling relationship quality if parenting does not become hostile (Brody, Stoneman, & McCoy, 1994; MacKinnon, 1989). Therefore, if siblings have experienced a positive relationship with their parents their sibling relationships might be positive and supportive if the parent is not available to provide social support for a given period of time. Alternatively, if siblings have not experienced a positive parent-child relationship; they may not be able to provide effective social support to their sibling in the absence of the parent.

Some of these factors clinicians identified are consistent with factors identified in the literature which have been shown to influence the outcomes of children exposed to domestic violence (Kernic et al., 2003; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003; Wolfe et al., 2003). It may be that these factors identified by clinicians moderate the effects of

domestic violence on children which in turn influence children's sibling relationships. Jenkins (1992) suggested that children who demonstrate high levels of emotional and behavioural disturbance do not have the resources to establish and maintain close relationships with a sibling. Another possible explanation is that siblings who are able to form supportive sibling relationships may have a number of protective factors the clinicians identified which may help them develop and maintain these supportive relationships.

#### **Theme 4: Impacts on the Sibling Taking the Protective and 'Parental' Role**

To the author's knowledge research on the impact of sibling relationships on the effects of exposure to domestic violence has not investigated whether the role of the child in the sibling relationship has a different influence on their psychosocial outcomes. Lucas (2002) identified that one child in the family, usually the oldest sibling, takes on a parental caregiving role and protects the children during the violence. However, she did not explore how taking on this role may influence child outcomes.

Clinicians in the current study spoke about potential harmful effects for the sibling taking on the protective or parental role in the family. These potentially negative effects include the sibling becoming anxious about leaving home because they want to be there for their siblings. They may also become over controlling and over protective of their siblings. Children may also end up getting physically hurt trying to intervene in the violence. These siblings may also end up putting others needs before their own and miss out on getting their own needs met. Finally, if the children leave the violent situation the sibling taking on the parental role may find it difficult to give this role up, even once the violence is no longer occurring. It may be that the child loses part of their identity, as Kaplan, Hennon and Ade-Ridder (1993) suggests that a child's self-identity may be determined to a certain degree by what the child sees their role in the world to be. Children in care who are separated from their

siblings have also been shown to grieve the loss of the parental role they had taken on with their siblings before separation (Ward, 1984). One potentially positive effect for the sibling taking on the parental role is that it may provide them with a sense of purpose and allow them to develop compassion and empathy.

### **Theme 5: Impact on the Sibling Being Protected**

As with the theme above, to the author's knowledge, research on the impact of the sibling being protected has not been explored. Clinicians discussed how the siblings being protected might be affected in different ways by their sibling's attempts to protect or parent them. Past research has suggested that older children may act as a 'parent-like' attachment figure (Stewart, 1983). Older siblings placed in the 'strange situation' with a younger sibling cared for their younger sibling when they became distressed. The older siblings' attempts to comfort their younger sibling were both accepted by their younger siblings and effective at reducing their distress (Stewart, 1983).

In the current study it appeared from the interviews with clinicians that receiving protection may lead a child to feel guilty that their sibling has been looking after them and protecting them. In addition, as a result of the parentified child's potential over protectiveness the other siblings' ability to acquire independence may be influenced. Finally, having a sibling looking out for them may provide the child with the sense that someone is there for them. However, clinicians also recognised that this is not always adequate.

Previous research has found an older sibling's affection towards a younger sibling may moderate the effects of experiencing negative life events (Gass, Jenkins & Dunn, 2007). Piotrowski et al. (2013) found that in the context of domestic violence older children's symptomology influenced the other siblings' symptomology, perhaps due to the influence on the sibling relationship.

## **Theme 6: Importance of Individual Family Context**

Clinicians cautioned against drawing patterns about how the presence of siblings influence the effects associated with domestic violence exposure. Clinicians emphasised the importance of formulation as each family's circumstances are complex with many different factors, people, and timelines involved. Each child experiences different factors that affect how they respond to domestic violence exposure and these factors may influence, in a mutual way, how children can then make connections with their own siblings. Taking these factors into consideration, it is important to recognise each family's own unique circumstances to begin to understand the effect the sibling relationships might be having.

### **Research Question**

These six superordinate themes identified from interviews with clinicians add to the current knowledge base in the area of siblings exposed to domestic violence. However, not all the themes directly address the research question of the current study, which was, in what ways and to what extent does the presence of siblings moderate the psychosocial effects of children's exposure to domestic violence? The particular themes that are pertinent to the research question include the impacts on the sibling taking on the protective role and the impacts on the siblings being protected. It is important to note that this does not make the other themes redundant. These themes explore the factors which might moderate or mediate the influence of sibling relationships on the effects of domestic violence exposure.

From the interviews with the clinicians it is not possible to draw any clear conclusions on the influence of sibling relationships on the effects of childhood domestic violence exposure. One possible explanation why the research question was not directly answered may be owing to clinical training grounded in the Scientist-Practitioner Model. This strong focus on research and scientific practice might have led clinicians to feel uncomfortable speculating

or drawing conclusions that are not supported by data or research. Clinicians appeared comfortable talking about their observations and thoughts, however, when it came to addressing the research question clinicians aired on the side of caution and tended to take a more conservative approach and talked about the importance of formulation.

Clinicians' difficulty inferring patterns about how siblings influence the effects of domestic violence may also mirror the complexity of the phenomena. Clinicians talked about the complexity of this relationship and the difficulty drawing conclusions as each family's situation is very unique and so is each sibling's relationship within the family. From the interviews with clinicians it appears that there are many factors which affect a child's response to domestic violence. These factors may influence in a mutual way, how children make connections with their own siblings.

The direction of the possible relationship is also unclear. It may be that warm and supportive sibling relationships act as a buffer against the negative effects of domestic violence. Or perhaps children who are able to form and maintain warm and supportive sibling relationships may have other positive factors in their lives which may both act as a buffer against the negative effects of domestic violence exposure and also help siblings form and maintain supportive relationships with one another.

### **Strengths and Limitations of the Present Study**

This study appears to be the first study to look at clinicians' knowledge and experience of sibling influences on the effects of children's exposure to domestic violence. This perspective provides a unique insight as these clinicians have a large amount of experience working with many children exposed to domestic violence and this insight helps build knowledge and understanding to guide further research.

Another strength of the current study was the stringent data analysis procedure which was rooted in IPA. This procedure, outlined in the method section, ensured all participants' interviews received the same level of in-depth analysis. In addition, the researcher used reflective practice, which is encouraged by the IPA procedure. Before developing the interview schedule, the author reflected on her own experiences and assumptions and attempted to 'bracket these off' to avoid influencing data analysis and collection.

While there were some clear strengths, the present study also exhibits a number of limitations which may be improved on in future studies. Firstly, the method of recruitment used for the current study is a limitation. Due to difficulty with initial recruiting, recruitment of participants was not carried out using the intended method of approaching clinicians directly. On behalf of the author, the primary supervisor (Michael Tarren-Sweeney) forwarded an email to a number of his contacts who he believed to be appropriate to interview, inviting the clinicians to contact the author if they would like to participate. As a result, there may be an inherent bias of participants. That is, the cohort of participants in this study may not be representative of clinicians working with children exposed to domestic violence and participants may have more experience with children in care.

Another limitation of this study is the potential that clinicians may not have been able to separate out their experience of siblings exposed to domestic violence only and siblings who had experienced both domestic violence and direct abuse. At the beginning of the interviews the author reminded clinicians that the current research aimed to address sibling relationships of children who have been exposed to domestic violence without experiencing direct child abuse. However, research indicates that there is a large overlap between children who experience both domestic violence and child abuse (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Dong, et al. 2004).

The small sample size of the current study may also be considered a limitation, however, this study did not set out to generalise to a population in an empirical sense. The purpose of this study was focused on generating and gathering a rich amount of knowledge.

### **Practical Implications**

This research highlights some of the issues for both researchers and clinicians to become more aware of in respect to sibling relationships in the context of domestic violence and how these relationships may impact children. This enhanced awareness and improved knowledge may benefit welfare services, mental health services and other services who work with children exposed to domestic violence. To better improve assessment and intervention there are a number of elements services and clinicians could incorporate into their work to better serve children and their families. For example, it may be beneficial to see siblings together to begin to understand the dynamics in their relationship. It may also be helpful for clinicians to be mindful of the extra burden one particular child may be carrying around in trying to protect their siblings and also the potential implications on all siblings.

Another important time to be mindful of the influence of sibling relationships is when children are removed from the violent situation or placed in care. It may be important to let the sibling who has taken on the protective and parental role to feel included in the safety planning in a developmentally appropriate way. It will also be important to be aware of the potential loss of identity and caretaking role. Given the complexity of the phenomena, clinicians and other professionals working with children exposed to domestic violence need to take the time necessary to understand and know each sibling in the context of the domestic violence to look at the individual impact their sibling relationships may have.

One clinician in the current study talked about how some caregivers and services are already aware of some issues and use this knowledge to work effectively with children, “so



some families and some agencies will just be really sensitive around that, and so the older child might move into the foster family home first if they're coming from a different placement, and support the prospective carers with preparing for the child. So they might kind of say "ok we're going to share your expertise because you know him really well, so let's help, get his room ready" and "what kind of things does he like and what toys would he like", and so the transition is managed in a more of a gradual way, and in a really respectful way of the role that this child has played in looking after their little brother or sister."

### **Recommendations for Further Research**

The findings from the present study can guide both qualitative and quantitative studies of children exposed to domestic violence. It may be valuable for researchers to first investigate further, the themes of one sibling, over the others, taking on a protective or parental role over the other siblings, as this has only just begun to be addressed in several studies. Secondly, it may be beneficial to differentiate siblings' roles in the family when looking at sibling influences on the psychosocial effects of domestic violence exposure. It appears from the current study that there may be different impacts on the siblings who take on the parenting and protector roles than those siblings who are receiving their sibling's attempts to support and protect them.

Further studies should also employ a longitudinal mixed method design to begin to untangle the direction of the relationship. More research is needed to look into whether there is a bi-directional effect of children's adjustment as a result of domestic violence exposure and sibling relationships or whether the direction is only one way. The results from interviews with clinicians also suggest the importance of taking into consideration other possible confounding variables, using the ecological model, which may influence this association. In particular, factors within the family, including another adult for support, the

children's school and the community in which the family live in should be addressed. Factors outside of the family should also be included, such as, the child's age, the type of violence the siblings are exposed to, parental resources, alignment with one parent and the size of the sibling group.

Previous research on siblings also tends to focus on the relationship between sibling dyads and does not acknowledge the multifaceted relationships between different siblings within a family. It may be that some sibling relationships within a family are warm and protective while others are hostile and abusive. Further research should look to investigate both the influence of individual sibling relationships and how the sibling group as a whole influences the effects of exposure to domestic violence. It may also be important to consider that within one dyad there may be both positive and negative effects of the sibling relationship in the context of domestic violence.

## **Conclusion**

Overall, the findings from the interviews with clinicians suggest that in families where children are exposed to domestic violence one child tends to take on a parental role and also attempts to protect their siblings from the violence. The influence of the sibling relationship may differ depending on whether the child is the sibling who takes on this role or whether they are the ones being protected. These results also highlight the importance of formulation in understanding individual influences of sibling relationships on the psychosocial effects of exposure to domestic violence. The findings from this study will enhance awareness of sibling influences in the context of domestic violence and this increased awareness may potentially benefit future work practices for welfare services, mental health services and other services who work with children exposed to domestic violence. Whilst the present study has only begun to explore the influences of sibling

relationships on the effects of exposure to domestic violence, these findings should encourage researchers to explore this field further and help inform the design of future research.

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## APPENDICES



### Appendix A: Human Ethics Approval

HUMAN ETHICS COMMITTEE  
Secretary, Lynda Griffioen  
Email: [human-ethics@canterbury.ac.nz](mailto:human-ethics@canterbury.ac.nz)

Ref: HEC 2012/132  
14 September 2012

Jessica Caldwell  
Health Sciences Centre  
UNIVERSITY OF CANTERBURY

Dear Jessica

The Human Ethics Committee advises that your research proposal “Sibling influences on the psychosocial effects of children's exposure to domestic violence” has been considered and approved.

Please note that this approval is subject to the following:

- The incorporation of the amendments you have provided in your email of 14 September 2012.
- As you are using a separate transcriber, a confidentiality agreement will be required for the transcriber. Please provide the Human Ethics Committee with a copy of this confidentiality agreement.

Best wishes for your project.

Yours sincerely

A handwritten signature in black ink, appearing to read 'LGriffioen'.

pp

Lindsey MacDonald  
**Chair**  
***University of Canterbury Human Ethics Committee***



## **Appendix B: Email Template to Be Sent to Services and Clinicians**

Dear Child and Family Clinician

I am presently completing my Master of Science in Child and Family Psychology at the University of Canterbury in New Zealand. My thesis study is investigating the opinions of experienced child and family clinicians on whether the presence of siblings moderates children's experiences of domestic violence, and any subsequent effects on their development and well-being. My principal supervisor for this study is Associate Professor Michael Tarren-Sweeney.

If you have any experience in assessing or providing treatment for children who witness domestic violence, then I would be very grateful if you would agree to participate at your convenience in a short telephone interview for my study. For more information please read the attached information sheet, and please do not hesitate to ask me any questions.

Kind Regards,

Jessica Caldwell  
University of Canterbury  
New Zealand  
Telephone: +64 273360211  
Email: [jess.caldwell@pg.canterbury.ac.nz](mailto:jess.caldwell@pg.canterbury.ac.nz)

## Appendix C: Information Sheet



### **Sibling Influences on the Psychosocial Effects of Children's Exposure to Domestic Violence Information Sheet for Participants**

I am completing my Master of Science in Child and Family Psychology at the University of Canterbury in New Zealand. My thesis study is investigating the opinions of experienced child and family clinicians on whether the presence of siblings moderates children's experiences of domestic violence, and any subsequent effects on their development and well-being.

I would like to invite you to participate in this study. Participation will involve a 15 minute interview with the researcher over the phone. The audio of the interview will be recorded to assist with analysis. You will be offered a copy of the transcript of the interview and will be given an opportunity to add or amend any information. You will also be offered an electronic copy of the final thesis.

Please note that participation in this study is voluntary. If you do participate, you have the right to withdraw from the study at any time without penalty. If you withdraw, I will remove any information relating to you.

I will take particular care to ensure the confidentiality of all data gathered for this study. I will also take care to ensure your anonymity in publications of the findings. Only your profession will be presented in the final report. All the data will be securely stored at the University of Canterbury for five years following the study, after which it will then be destroyed. The final report will be publicly available via the University of Canterbury Library Database.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee. If you are interested in participating in this study or have any questions please do not hesitate to contact me, [jess.caldwell@pg.canterbury.ac.nz](mailto:jess.caldwell@pg.canterbury.ac.nz) or my supervisor, Associate Professor Michael Tarren-Sweeney. If you have a complaint about the study, contact the University of Canterbury Human Ethics.

I look forward to working with you. Thank you in advance for your contributions.

Jess Caldwell  
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New Zealand  
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**Human Ethics Committee**  
Telephone: +64 3 364 2987  
[human-ethics@canterbury.ac.nz](mailto:human-ethics@canterbury.ac.nz)

## Appendix D: Consent From

### Sibling Influences on the Psychosocial Effects of Children's Exposure to Domestic Violence



#### Consent Form

I have been given a full explanation of this project and have been given an opportunity to ask questions.

I understand what will be required of me if I agree to take part in this project.

I understand that the audio of the interview will be recorded.

I understand that my participation is voluntary and that I may withdraw at any stage without penalty.

I understand that any information or opinions I provide will be kept confidential to the researcher and that any published or reported results will not identify me.

I understand that all data collected for this study will be kept in locked and secure facilities at the University of Canterbury and will be destroyed after five years.

I understand that I will be offered a report on the findings of this study.

I understand that this project had been reviewed and approved by the University of Canterbury Human Ethics Committee.

I understand that if I require further information I can contact the researcher, Jess Caldwell or her supervisor, [Associate Professor Michael Tarren-Sweeney](#). If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee.

By agreeing to participate in this research project I am indicating that I have read and understood the above information and give my consent to participate.

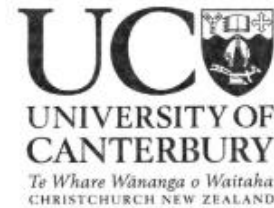
#### Associate Professor Michael Tarren-Sweeney

Associate Professor in Child and Family Psychology  
Telephone: + 64 3 366 7001 ext 7196  
[michael.tarren-sweeney@canterbury.ac.nz](mailto:michael.tarren-sweeney@canterbury.ac.nz)

#### Human Ethics Committee

Telephone: +64 3 364 2987  
[human-ethics@canterbury.ac.nz](mailto:human-ethics@canterbury.ac.nz)

## Appendix E: Confidentiality Agreement



### Confidentiality Agreement Capital Transcription Services

I, Melissa Harsant, transcriptionist, agree to maintain full confidentiality in regards to any and all audiotapes and documentation received from Jess Caldwell related to her Masters study on siblings exposed to domestic violence. Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped interviews, or in any associated documents;
2. To not make copies of any audiotapes or computerized files of the transcribed interview texts, unless specifically requested to do so by Jess Caldwell;
3. To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession;
4. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices after the Jess Caldwell has received the final transcripts.

Transcriber's name (printed) Melissa Harsant (Capital Transcription)

Transcriber's signature Melissa Harsant

Date Tuesday, 8 January 2013.